DOCUMENT RESUME

ED 217 119 CE 027 305

AUTHOR Winkler, Kathleen; Ertel, Kenneth

TITLE Improvement of Placement Services for Youth with Disabilities. A Resource and Inservice Training Manual for CETA Personnel.

INSTITUTION Massachusetts Univ., Amherst. Center for Occupational Education.

SPONS AGENCY Massachusetts State Dept. of Manpower Development, Boston.
PUB DATE Jul 80
NOTE 133p.

EDRS PRICE MF01/PC06 Plus Postage.
DESCRIPTORS Accessibility (for Disabled); Adults; Compliance (Legal); *Counseling Techniques; Counselor Role; *Disabilities; *Inservice Education; Interpersonal Competence; *Job Development; *Job Placement; Learning Activities; Normalization (Handicapped); Questioning Techniques; Resources; Workshops; Youth
IDENTIFIERS *Comprehensive Employment and Training Act

ABSTRACT

This inservice training process and resource handbook was developed to enhance the ability of Comprehensive Employment and Training Act (CETA) job developers/counselors and industry personnel supervisors to work more effectively with persons with disabilities. The handbook contains five sections. Section 1 addresses the issue of attitudes and their impact upon the individual with disabilities. Section 2 deals with the interviewing skills necessary to serve clients with disabilities in a sensitive and supportive manner, while section 3 discusses the rationale and a model for developing a network of cooperative work arrangements among CETA, other social service agencies, and advocacy groups to provide maximum potential for job placement and related services to disabled clients. In section 4 the skills and understandings necessary to make the match between a client with a disability and existing positions in the job market are detailed; this section includes a discussion of applicable laws. The final section contains a list of resources, such as documents that facilitate understanding of disabled clients as well as lists of agencies, services, and advocacy groups for individuals with disabilities. For the first four sections, two separate operational components are included: a participants' section for CETA staff members, and trainer's sections that contain sets of instructions for activities which CETA staff use in an inservice educational workshop. (KC)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED217119

IMPROVEMENT OF PLACEMENT SERVICES

FOR

YOUTH WITH DISABILITIES

A Resource and Inservice Training Manual

For

CETA Personnel

July 1980

Developed by:

KATHLEEN WINKLER, Editor and Contributor
DR. KENNETH ERTEL
Principal Investigator and Project Director

With the Assistance Of:

Katheryn Bosch
William Barnes

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)
This document has been reproduced as received from the person or organization originating it.
Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Kenneth Ertel

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Center for Occupational Education

University of Massachusetts

Amherst, MA 01003

With Funding from the Governor's Youth Grant
Department of Manpower Development
Boston, MA 02114

CE027 305

Portions of this handbook may be
reprinted with permission from the
Department of Manpower Development
Boston, MA 02114

Sale of this dccument is prohibited

The Commonwealth of Massachusetts
University of Massachusetts
Amherst 01003

SCHOOL OF EDUCATION

Dear Ceta Staff Members:

The Center for Occupational Education at the University of Massachusetts was awarded the Governor's Youth Grant from the Department of Manpower Development to Improve the Delivery and Effectiveness of Employment Services for Physically Handicapped Youth.

To accomplish the objectives of the project, an inservice training process and resource handbook has been developed to enhance the ability of CETA job developers/ counselors and industry personnel supervisors to work more effectively with persons with disabilities.

Initially, the project staff met with CETA staff members who are engaged in the job placement process and asked them what they needed to learn about individuals with disabilities so that they could more effectively help these individuals obtain work and function successfully in the work environment. A survey of business/industry was conducted to identify areas of concern on the part of employers with respect to hiring individuals with disabilities. Experts in the area of counseling, vocational education and rehabilitation services were also contacted for their input. The data was analyzed and a series of inservice workshops based upon the data, were designed and offered to CETA staff members within the Hampden, Hampshire and Franklin Counties.

The information generated as a result of our research and the series of workshops was consolidated and formed the basis for this inservice resource and training manual.

It is hoped that this publication promotes a better understanding of individuals with disabilities and conveys ways of providing and enhancing job placement services to this group of individuals.

Sincerely,

Kathleen Winkler
Lecturer
Center for Occupational Education

Dr. Kenneth Ertel
Director
Center for Occupational Education

ACKNOWLEDGEMENTS

We would like to thank our project advisory committee for their input into the development of the inservice training process and handbook. They are:

Mr. Richard Drohen
Franklin County CETA Office
13 Newell Court
Greenfield, MA 01301

Mr. James Durant
Counselor
Office of Handicapped Student Affairs
Whitmore Administration Building
University of Massachusetts

Mr. Thomas Grow, Jr.
24 Montague Road
Leverett, MA 01054

Ms. Donna Hobart
Hampden County Manpower Consortium
1176 Main Street
Springfield, MA 01105

Mr. Ted Martineau
Executive Director
STAVROS Foundation
691 Southeast Street
Amherst, MA 01102

Ms. Mary Nagle
Hampshire County CETA Center
518 Pleasant Street
Northampton, MA 01060

Mr. John Pniak
Massachusetts Rehabilitation Commission
Greenfield, MA 01301

Mr. William Ryan
Hampshire County CETA Office
518 Pleasant Street
Northampton, MA 01060

Ms. Judith Stokey
Department of Manpower Development
Boston, MA

Mr. John Struthers
Millers Falls Tool Co.
Greenfield, MA 01030

Mr. Michael Truckey
Franklin County CETA Office
13 Newell Court
Greenfield, MA 01301

We appreciate the contributions of ideas, materials, and presentations of Mr. Larry Warnock, Employment Service Counselor, Massachusetts Rehabilitation Commission Client Services Division, Boston, MA.

For their secretarial assistance, patience, and editing skills, we thank Ms. Linda Puchalski and Ms. Holly Crofton.

In addition, our thanks to all the CETA personnel and members of business/industry who responded to our research inquiries.

Kathleen Winkler

Kenneth Ertel

Limitations of Language

In the process of writing, editing, and compiling this handbook we have drawn on materials from a large number of different sources. The literature currently available that addresses the problems and concerns of individuals with disabilities uses a wide array of different terms to refer to these individuals We have received feedback from several sources on the limitations of each of the terms suggested, and wish to acknowledge these limitations at the outset. One unfortunate consequence of any labeling process used with human beings is that by choosing to focus on one aspect of their being (eg. handicapped, black, tall, female) we neglect all other aspects. Grouping individuals according to some shared quality usually gives rise to a spread phenomenon, resulting in stereotyping of those individuals across a whole host of characteristics not related to their reason for being put in that group in the first place. We recognize this tendency and have sought to dispel any such illusion about the homogeneity of person with disabilities. We are all disabled (less than perfect) in a variety of ways, and must all continually strive to be supportive and understanding of one another's limitations, linguistically as well as physically.

There are several definitions of individuals who receive service for a variety of disabilities. To try and clarify the existing dilemma we refer to the May 20, 1980 Federal Register, revised CETA regulations indicating a new statement of eligibility.

A handicapped individual is an individual who has a physical or mental disability which constitutes a substantial barrier to employment and who can benefit from CETA service as determined by the Subgrantee and who meets one of the following criteria:

1. is referred as employable or trainable by the Massachusetts Rehabilitation Commission of the Department of Mental Health; or

2. is certified as 30% disabled by the Veteran's Administration; or

3. is referred by an established drug or alcoholic rehabilitation program; or

4. in exceptional cases where an individual has a visible and medically certifiable physical handicap, prior referral from the above agencies is required at the discretion of the Subgrantee.

Further discussion of eligibility guidelines may be found in *Section Four*, under *Placing/Selling Techniques to Improve Job-Client Match.*

OVERVIEW OF THIS HANDBOOK

Operational Components

This handbook contains two separate and yet interrelated operational components. The first component or participants section is represented by the white colored sheets and has been designed as a resource for CETA staff members who would like to better understand and improve placement services for individuals with disabilities. By reading the content of this curriculum and completing the various exercises, CETA personnel would have the basic tools to better serve clients with disabilities.

The second operational component is represented by the gold colored sheets and contains sets of instructions for activities which CETA staff can utilize in an inservice educational workshop setting to convey the understandings and skills addressed within the handbook.

Content Components

Section One addresses the issue of attitudes and their impact upon the individual with disabilities, both in a personal sense and with respect to employability. Specific myths, misconceptions, misunderstandings are conveyed as well as other barriers facing individuals with disabilities.

Section Two deals with the interviewing skills necessary to serve clients with disabilities in a sensitive and supportive manner. The focus is on gathering needed information efficiently, effectively, and in a caring, understanding fashion.

Section Three discusses the rationale and a model for developing a network of cooperative work arrangements between CETA, other social service agencies, and advocacy groups to provide maximum potential for job placement activities and related services to clients with disabilities.

Section Four deals with the skills and understandings necessary to make the match between a client with a disability and existing positions in the job market. Basic laws and the skills needed to open up the job market to facilitate "selling" the abilities of the job applicant with a disability, are addressed.

Section Five is a resource section containing documents which facilitate a better understanding of the client with a disability as well as a listing of agencies, services, and advocacy groups for individuals with disabilities. A number of documents are included which deal with improving placement services to individuals with disabilities.

TABLE OF CONTENTS

	Page
LETTER TO CETA STAFF MEMBERS	ii
ACKNOWLEDGEMENTS	iii
LIMITATIONS OF LANGUAGE	iv
OVERVIEW OF HANDBOOK	v
SECTION	
ONE - ATTITUDES	
Objectives of this Section	1
Introduction	1
Barriers Made of Words	2
Functional Barriers	4
Myths and Misconceptions	7
Interpersonal Barriers	9
TRAINER'S MANUAL FOR SECTION ONE - ATTITUDES	13
Objectives of this Section	13
Introduction	13
Inservice Training Paradym	13
Outline of Activities for an Inservice Training Component	13
Attitudinal Survey	14
Role-playing Situations	16
Public Committment Statement	17
Argument Assignment	17
Information Sharing	18
Bibliography	20
TWO - INTERVIEWING SKILLS	
Introduction	21
Exercise II A - Inappropriate Non-verbal Listening	22
Exercise II B - Appropriate Non-verbal Listening	23
Open and Closed Questions	23
Closed Questions	24
Open Questions	24
Exercise II C - Open and Closed Questions	25
Exercise II D - Paraphrasing and Summarizing	27
Reflection of Feelings	27
Exercise II E - Description of Feelings	28
Description of Feelings Worksheet	30
Discussion of Responses	31
Reflecting the Client's Feelings	34
Exercise II F - Reflection of Feelings	36
Focusing the Interview	36
Exercise II G - Focusing the Interview	38

SECTION Page

TWO - Interviewing Skills (continued)

TRAINER'S MANUAL FOR SECTION TWO - INTERVIEWING SKILLS 39

Objectives of this Section 39
Introduction 39
Sensitivity in the Training Process 39
Workshop Design 39
Instruction for use of Video-tape Equipment With Interviewing Skills Exercise Units 40

Exercise II A - Inappropriate Non-verbal Listening 41
Exercise II B - Appropriate Non-verbal Listening 42
Exercise II C - Open and Closed Questions 42
Exercise II D - Paraphrasing and Summarizing 44
Exercise II E - Description of Feelings 46
Exercise II F - Reflection of Feelings 46

THREE - NETWORKING TO EXPAND SERVICE AND SUCCESS

Objectives of this Section 49
Introduction 49
Purpose of Coordination 50
Program Participant Benefits 50
CETA Program Benefits 51
Involvement 53
Networking - One Model 53
Results of Interagency Cooperation 56
Interagency Networks 56

TRAINER'S MANUAL FOR SECTION THREE - NETWORKING TO EXPAND SERVICE AND SUCCESS 59

Objectives of this Section 59
Introduction 59
Activities for an Inservice Educational Component 59
Option One 59
Option Two 60
Option Three 60

FOUR - PLACING/SELLING TECHNIQUES TO IMPROVE JOB-CLIENT MATCH

Objectives of this Section 63
Introduction 63
Laws Affecting Handicapped Clients Regarding Work Potential 64
Rehabilitation Act of 1973 64
Revenue Act of 1978 65
Eligibility Definitions 66
Section 504 Eligibility Statement 66
Revised CETA Regulation Defining "Handicapped" 67
Handicapped Individuals as Seen by the Labor Department 67
Summary of Eligibility Statements 68

SECTION Page

FOUR - PLACING/SELLING TECHNIQUES TO IMPROVE JOB-CLIENT MATCH (continued)

The Job-Seeker With a Disability 69
Myths and Misinformation 69
Project PLACE 71
Additional Elements Pertinent to Placement Effort 73

TRAINER'S MANUAL FOR SECTION FOUR - PLACING/SELLING TECHNIQUES TO IMPROVE JOB-CLIENT MATCH 75

Objectives of this Section 75
Introduction 75
Workshop Activities Session on Laws 76
Eligibility Qualifications 76
Workshop Activities for Session on Eligibility 77
Outline of Selected Activities for Job Development/Placement Making the Match 77
Activities for Job Development/Placement 77
Exercise 1 77
Exercise 2 78
Exercise 3 78
Exercise 4 78
Exercise 5 78
Exercise 6 78
Exercise 7 79
Exercise 8 79
Exercise 9 79
Bibliography 80

APPENDICES

TABLE OF CONTENTS 81

WORKERS WITH DISABLING CONDITIONS: POSSIBLE EFFECTS OF THE DISABILITY AND SOME SUGGESTIONS FOR WORKING WITH THESE WORKERS 83

EMPLOYMENT RELATED SERVICES FOR HANDICAPPED PERSONS: FRANKLIN, HAMPSHIRE, HAMPDEN COUNTIES 105

GENERAL GUIDE FOR INTERVIEWING HANDICAPPED APPLICANTS 111

TIPS FOR INTERVIEWING AND COUNSELING INDIVIDUALS WITH DISABILITIES .. 115

SERVICE AGENCIES, ADVOCACY GROUPS, AND OTHER RESOURCES FOR INDIVIDUALS WITH DISABILITIES 121

ITEMS INSERTED INTO BACK POCKET OF NOTEBOOK

Your Rights as a Disabled Person
Hiring the Handicapped: Facts and Myths
Dear Employer
Fitting the Job to the Handicapped Worker
Interview: Harold Russell, Chairman, The President's Committee on Employment of the Handicapped

Section One -- Attitudes
by
Kathleen Winkler

Objectives of This Section

This section will provide CETA personnel with information concerning the existing attitudes toward individuals with disabilities. The information will address the effects these attitudes have upon individuals with disabilities as well as how these attitudes affect employability for this group of people. CETA staff will identify their own attitudes toward individuals with disabilities and assess how their attitudes affect this group of individuals.

Introduction

Webster defines an attitude as: a mental position with regard to a fact or state, a feeling or emotion toward a fact or state.

We all have attitudes which are basically emotional reactions to something or someone. Our attitudes affect the way we react toward others and the scope and nature of our interaction with others.

Attitudes have three components or parts. "First, they have an emotional component which can be positive or negative. Second, they have a belief component. The individual believes certain things to be true about someone or something... Third, and perhaps, most important about attitudes, is that they have an action component. Usually, when you have an attitude towards something, you behave in a particular way towards that thing or person."[1]

Because the action component of an attitude is the only observable part, it is the only means of assessing an individual's true attitude toward someone or something. Thus, when an employer says he is not prejudiced toward individuals with disabilities nor does he hold any negative attitudes toward them, it is impossible to assess the validity of this position. In fact, it is highly probable that he does possess negative attitudes to some degree with regard to individuals with disabilities. The research has shown that few people express their negative feelings about individuals with disabilities although most of us do possess them. We live in a society which says that we are not supposed to say bad things about people with disabilities. The only way to assess an employer's positive statements about these individuals is to take a tally of how many individuals with disabilities have been hired, the skill levels where they are employed, and the upward mobility activity/

[1]Harold Yuker and J. Richard Block, *Challenging Barriers to Change: Attitudes Toward the Disabled* (Albertson: National Center on Employment of the Handicapped at Human Resources Center, Albertson, N.Y., 1979), p. 18.

potential within the company for them. This is truely an instance where actions speak louder than words.

Another aspect of the attitudes issue is that of self-image. Some individuals with disabilities, because of a lack of positive experiences and an abundance of negative strokes, have a rather poor self-image. In addition to the physical limitations which they experience and must come to grips with, a number of psychological constraints are placed upon them. See *Section Two* -- Interviewing skills for further discussion of the impact of different self-images.

It is important to recognize both patterns of attitudes; those of the able-bodied toward individuals with disabilities and those of people with disabilities toward themselves. Psychological barriers are potent, difficult to identify, and difficult to break down. They must be recognized and dealt with before any positive actions with individuals with disabilities are undertaken.

The first part of this section of the handbook addresses attitudes and their impact. The second part of this section or the inservice trainer's section will outline ways of breaking down these attitudinal barriers.

Attitudinal barriers which inhibit productivity in all aspects for individuals with disabilities exist in a number of forms: barriers made of words, functional barriers, myths and misconcpetions, and interpersonal barriers. These barriers are alive and functioning within our society and unless they are examined, challenged, and their impact exposed, they will continue to reinforce behavior and attitudes which rob our society of the benefits and contributions of a group of individuals whose potential has barely been tapped: specifically, individuals with disabilities.

Barriers Made of Words

Over the years, we as a society have curtailed our use of degrading words, phrases, terms which apply to oppressed individuals such as blacks, jews, women, and other groups. Despite the fact that disabled citizens have recently come to be recognized as a similarly oppressed group, certain pejorative terms are still in popular use in the jargon of rehabilitation as well as in the general public and the media. How often have we heard a medical case

presentation begin with language such as -- This unfortunate woman has been an arthritis sufferer since 195 , and is confined to crutches, or, this stroke victim is afflicted with left hemiplegia and is restricted to special equipment for feeding and personal hygiene. People are regularly described as being confined to crutches, or wheelchair bound.

Our language, as well as our written communication, reflects our attitudes; these terms convey a negative empathy or patronizing pity which reflects the speaker's personal reactions to how they imagine they would feel under the same circumstances. Use of such negative language serves to perpetuate the attitudinal barriers faced by our handicapped patients as they try to re-enter the able-bodied world.

Instead of viewing crutches or a wheelchair from the negative perspective of confinement, how about viewing crutches or the wheelchair as tools to free an individual from the confinement of a chair or bed? The wheelchair does not confine, but frees its user to move out into the world for life, for work, for play, for travel.

Other ways of positive expression exist. For example, the patient is a person with arthritis, Here is a man who has recovered from a stroke who now is disabled by hemiplegia. The crutch-user is a mobility imparied person. People may have physical disabilities but may not be functionally handicapped.

Both handicapped and disabled are acceptable as adjectives in written and verbal communcation; the former is more commonly used in the Midwest and the latter tends to be preferred on the East Coast. On the contrary, their use as nouns in expressions such as the disabled or the handicapped is not acceptable because it conveys a separate and inferior status. Handicapped individuals or persons with disabilities are positive alternatives which convey a sense of respect and quality--or, how about the physically challenged individual?

The use of the term normal to describe non-handicapped persons tends to demean disabled persons by suggesting that they are abnormal or subnormal. The preferred term to describe the general public is able-bodied.

People who are sensitively aware of word barriers might want to begin to bring about change. One way to accomplish this is to correct anyone who uses pejorative expressions towards individuals with disabilities. A friendly but firm explanation of why these terms are

undesirable will usually be accepted and appreciated. Our goal should be an atmosphere where negative words such as sufferer, victim, and afflicted are unacceptable in both civil conversations and media communications.

Functional Barriers

Approximately forty research studies have been conducted in the past thirty years which have addressed the issue of barriers to employment for individuals with disabilities. Boyd in Sheppard and Pais list six major barriers: architechural, transportation, procedural, communication, economic, and attitudinal. He states that any country that can develop the necessary technology to put a man on the moon in less than ten years can certainly overcome the first four. The tight job market causing economic barriers will take more work to overcome. However, the most formidable barrier is attitudinal.

Also within Sheppard and Pais, the Interagency Committee on Handicapped Employees studied attitudinal barriers in an attempt to develop recommendations to lead to their removal and thus improve the employment potential of physically handicapped persons. The ten most important attitudinal barriers which significantly impair the employability of handicapped persons are:

"Apathy. Negative attitudes toward individuals with disabilities may be based on misconception or incorrect information. However, because of a lack of information, many people are totally unaware of the problems of many handicapped citizens, and therefore, the prevailing public attitude is one of indifference. Also, employers' primary interests are finding qualified persons to fill their vacancies with the least amount of effort. With the way the job market is today, they do not need to be bothered with the extra effort required to learn that a person with a disability may be fully capable of becoming a good employee.

Paternalism. Paternalism is the result of an attitude that disable people are not really capable of taking care of themselves. It is reflected in the lack of handicapped individuals being involved in the policy-making levels in programs promoting the employment of handicapped invididuals. At a lower level of management, it is reflected in an attitude in supervisors that say they do not have the time needed for the special needs of a handicapped employee.

Paternalism has the insidious effect of denying dignity to its recipients - - and without dignity, disable persons

will never do for themselves, stand on equal footing, and finally, determine for themselves what they will do with their lives. Also, when paternalism exists at policymaking levels, it reinforces the attitude in others that disabled individuals are incapable of taking care of themselves.

Focus on disability. Have you ever noticed that peoples' disabilities are generlaly seen as being their most outstanding characteristic? How many times have you heard someone identify another person by referring to the disability? "What's that blind girl's name?" "Is John the guy in the wheelchair?" I'm not necessarily saying that this is wrong, but it is unfortunate when employers get so hung up on persons' disabilities that they cannot effectively evaluate their abilities. This often happens to handicapped people when they apply for a job.

Fear of persons with handicaps. Fear of persons with handicaps is probably one of the most common attitudes that prevents individuals with disabilities from reaching their employment potential. Fear of someone who is different is a natural phenomenon and it may be little wonder, although not justified, that a personnel officer or supervisor hesitates to hire a person whose mere presence makes him or her feel uncomfortable.

It is interesting to note that the Interagency Committee on Handicapped Employees, in interviewing disabled persons, found that handicapped persons themselves were uncomfortable around persons with disabilities unlike their own.

Curiosity. Curiosity as an attitude may be closely related to fear. While curiosity is recognized as a normal phenomenon, and may even be a positive attitude if it leads to a greater understanding of an individual, it can result in many false hopes for handicapped persons seeking employment. Handicapped individuals interviewed by the Agency related experiences of going to job interviews where admittedly the employer was just curious about the person's disability and did not have any real intention of offering a position. Not only were the job seekers humiliated by the experience, but time and effort were wasted in the already time-consuming effort of seeking employment.

Stereotyping. An attitude prevails that people with certain disabilities are better at particular jobs. The idea that blind people are naturally musical and deaf people make good printers is as ridiculous as other steriotypes applied to racial and ethnic minorities.

When many disabled persons apply for a job they are not considered to have the same employment potential as other members in the workforce with the same training and qualifications. Consequently, if a typing pool had a blind person employed, the next blind person applying for a job was first asked if he or she could type. Since any job would have been welcome, and fair consideration based on qualifications was not a matter of routine, the blind applicant accepted an offer to type and thereby strengthened the hiring official's belief that blind persons should be typists.

Fear of change. It is apparent that many employers and supervisors felt that bringing a handicapped person into an office would disrupt office routine and lessen the overall office efficiency or productivity. In spite of the physical requirements of the job, if there has never been a handicapped individual working in the position, there is a tendency to feel that the position requires an able-bodied person. Or, if a person with a physical or mental handicap cannot accomplish a task in the same way that his predecessors did for the last 20 years, it is often assumed that he cannot do it at all or at least cannot do it efficiently. In order to accommodate the needs of some disabled persons, supervisors need to be flexible.

Focus on the superstars. Many handicapped individuals, who are not employed, were able to overcome employer reluctance by accepting a position below that for which they were qualified. Once employed, they excelled in such a position and frequently outperformed their nonhandicapped peers. Other handicapped persons were able to overcome employer reluctance by their own motivation, self-confidence, and sheer persistence. These personal qualities would likely make individuals superior performers once they become employed. Many employers, when considering hiring handicapped individuals, are looking for such superstars.

Attitudes based on misinformation. It is hard to believe that in this age of communication so many persons can be uninformed about the characteristics of disabilities. However, some of the attitudes revealed by employers and supervisors appear to be due to misinformation. Examples include: an employer who won't hire deaf persons because the positions he has require good reading

comprehension or an employer who won't hire the handicapped because most of the jobs he has require the employee to travel; or an employer who says that he can't consider handicapped applicants because most of his jobs are of a professional nature.

Backlash. Some negative attitudes exist toward the hiring of handicapped individuals because they are identified under a special emphasis program. Some employers and supervisors resent what they feel is pressure to employ the handicapped, racial minorities, women, public offenders, etc., and consciously avoid being put into such a position. Complaints are directed to the extra paperwork required in the hiring process and reports required for special emphasis programs."[2]

An understanding and a knowledge of these existing barriers can be an asset when CETA personnel are engaged in job development/job placement activities. When one is able to anticipate possible objections or existing attitudes toward individuals with disabilities, one is able to more effectively counter objectives and positively zero in on areas of concern on the part of the employer. The information presented above regarding functional barriers is directly related to the Project PLACE activities prsented in *Section Four -- Placing/Selling Techniques To Improve Job-Client Match.*

Myths and Misconceptions

Repeated communications and contact with business and industry has surfaced a number of misconceptions on the part of the employer regarding the employability and productivity of the work applicant/worker with disabilities. The following list of myths and facts were generated from the Employment Service Handbook: *Placing Handicapped Applicants* and from the *Government Supervisors Training Program* developed by the Texas Rehabilitation Commission:

Insurance. MYTH: Insurance rates will increase.

FACT: Neither workers' compensation nor group insurance rates are affected by employment of the handicapped. Rates are based on employer's accident records and the types of activities in which they are engaged.

[2]Alan N. Sheppard and Nanette Pais, ed., Workshop on the Development of Educational Personnel to Meet the Employment and Job Placement Needs of Handicapped Persons (Blackburg, VA: ERIC Document Reproduction Service No. ED 141 642, 1977), pp. 20-22.

Safety.

MYTH: Handicapped workers are more likely to have accidents than other employees.

FACT: U.S. Department of Labor surveys show that handicapped workers have fewer disabling injuries than non-handicapped workers exposed to the same work hazards.

Absenteeism.

MYTH: Handicapped people will have higher absenteeism.

FACT: Selectively placed handicapped workers as a group exhibit lower absenteeism than other workers, and are also more job-loyal, that is, less likely to resign, than other workers.

Workmanship.

MYTH: Handicapped workers do work of lower quality than non-handicapped persons.

FACT: Performance studies by the U.S. Government as well as companies like Bulova Watch Corporation; Sears, Roebuck and Company; Hughes Aircraft Company, and many other profit and non-profit organizations reflect that handicapped workers, when properly placed, do work that is equal in both quantity and quality to that of their non-handicapped co-workers.

Motivation.

MYTH: Handicapped workers are not highly motivated.

FACT: Handicapped workers are very highly motivated, it is harder for them to find jobs so they must be highly motivated to compete with non-handicapped workers.

Self-Reliance.

MYTH: We don't have time to give special help to handicapped workers.

FACT: Since referrals are made on the basis of ability and qualifications, handicapped workers generally do not need or expect special attention. Self-reliance is at least as prevalent among handicapped workers as among non-handicapped persons.

Required physical exam.

MYTH: We require a physical examination, and rules out handicaps.

FACT: Any examination which automatically excludes handicapped workers is unnecessarily restricting the employer's access to qualified employees. It may also be a violation of affirmative action requirements.

Influence on other employees.

MYTH: Handicapped workers are a bad influence on other workers.

FACT: Studies by such organizations as the Cochrane Corporation show that the work force does not object to recruitment of handicapped workers; in fact, non-handicapped workers who observe a handicapped worker perfomring well on the job tend to try harder.

Interpersonal Barriers

Many times when we meet or come into contact with an individual who has a disability, we find ourselves at a loss for what to say or do, when to offer assistance or how to judge functional needs of this individual. We feel an uneasiness because most of us have not had much exposure to working with or knowing these individuals nor do we know how to approach them on an interpersonal level.

The National Easter Seal Society for Crippled Children and Adults* offers some suggestions for us to consider when we meet a person who has a disability. Their Points to Remember are as follows:

- Remember that a person who has a disability is a person like anyone else.
- Relax. If you don't know what to do or say, allow the person who has a disability to help put you at ease.
- Explore your mutual interests in a friendly way. The person likely has many interests besides those connected with the disability.
- Offer assistance if asked or if the need seems obvious, but don't overdo it or insist on it. Respect the person's right to indicate the kind of help needed.
- Talk about the disability if it comes up naturally, without prying. Be guided by the wishes of the person with the disability.

- Appreciate what the person can do. Remember that difficulties the person may be facing may stem more from society's attitudes and barriers than from the disability itself.

- Be considerate of the extra time it might take for a person with a disability to get things said or done. Let the person set the pace in walking or talking.

- Remember that we all have handicaps; on some of us they show.

- Speak directly to a person who has a disability. Don't consider a companion to be a conversational go-between.

- Don't move a wheelchair or crutches out of reach of a person who uses them.

- Never start to push a wheelchair without first asking the occupant if you may do so.

- When pushing a wheelchair up or down steps, ramps, curbs, or other obstructions, ask the person how he or she wants you to proceed.

- Don't lean on a person's wheelchair when talking.

- Give whole, unhurried attention to the person who has difficulty speaking. Don't talk for the person, but give help when needed. Keep your manner encouraging rather than correcting. When necessary, ask questions that require short answers or a nod.

- Speak calmly, slowly, and distinctly to a person who has a hearing problem or other difficulty understanding. Stand in front of the person and use gestures to aid communication. When full understanding is doubtful, write notes.

- When dining with a person who has trouble cutting, offer to help if needed. (It may be easier to ask if the person would prefer to have the food cut in the kitchen). Explain to a person who has a visual problem where dishes, utensils, and condiments are located on the table.

- Be alert to possible existence of architectural barriers in places you may want to enter with the person who has a disability; watch for inadequate lighting, which inhibits communication by persons who have hearing problems.

Once again, an understanding and a knowledge of the above attitudes, myths, and facts can be an asset when CETA personnel are engaged in job development/job placement activities. When one is able to anticipate possible objectives or existing misconceptions toward individuals with disabilities, one is able to more effectively counter objections and positively zero in on areas of concern on the part of the employer. The information presented above regarding myths and misconceptions is directly related to the Project PLACE activities presented in *Section Four -- Placing/Selling Techniques to Improve Job-Client Match.*

*The National Easter Seal Society for Crippled Children and Adults
2023 West Ogden Avenue
Chicago, Illinois 60612

Objectives of this Section

The objectives of this section are to provide for CETA personnel a series of learning experiences so that they might better understand existing attitudes toward individuals with disabilities and how the attitudes affect these individuals as well as their employability potential. CETA staff members will identify and examine their own attitudes toward individuals with disabilities.

Introduction

The handbook section "Attitudes" is designed to be used as a resource for CETA staff members so that they might better understand the plight of the individual with disabilities and be better able to serve these individuals in an employment service capacity. By reading the content presented within this handbook section concerning attitudes, CETA personnel should gain an understanding of some of the barriers which exist for people with disabilities who seek employment.

In addition, this trainer's section, with its selected activities, can be used as an inservice training program for CETA personnel serving clients with disabilities. The inservice training activities now follow.

Inservice Training Paradym

The research indicates that a number of different inservice activities can be utilized when addressing the issue of attitudes, their identification and impact. It has been shown that by partaking in the various activities, change can occur in the direction and scope of existing attitudes toward individuals with disabilities. Some inservice training activities are more effective than others. The model outlined below originates from the Human Resources Center, Albertson, NY.

Outline of Activities for an Inservice Training Component

1. Attitudinal survey to allow participants to examine their thoughts, feelings, and attitudes concerning individuals with disabilities.

2. Role playing situations to simulate disabling conditions to convey to workshop participants some of the problems, frustrations, and barriers one has to face and deal with when living with a disability.

3. Public commitment statement to encourage servicing of individuals with disabilities.

4. Argument supporting position counter to personal attitudes.

5. Information sharing.

Activities for An Inservice Educational Training Component

Attitudinal Survery

Before any work can be accomplished with respect to changing attitudes, the attitudes themselves must be identified and examined with respect to their nature, scope, and impact upon individuals. A simple handout such as the one on the next page is a useful tool to accomplish this objective.

Large Group Activity 15 min.

Distribute the handout on the next page to your workshop participants and ask them to complete the sentence statements with the dysfunction(s) that apply.

Small Group Activity 10 min.

Once the group has completed the handout, ask them to break up into groups of five and discuss their responses to the sentence statements. Some questions to promote small group interaction can be tailored after the statements found on the handout. One might ask:

- Which sense would you dread losing most? Why? What impact would losing this particular sense have upon you personally? Have upon your family? Friends?

- What disability(ies) bother you most in other people? Why? How do you or would you handle a meeting/confrontation with a person who might have such a disability(ies)?

- Try and imagine yourself 35 years from now. Are you experiencing any physical dysfunctioning? What types of dysfunctions must you deal with? How are you handling them?

Try to encourage a sharing of feelings/perceptions among the members of the small groups with regard to their responses to the statements.

Once 10 minutes has elapsed, regroup and have a spokesperson from each group share some of the issues discussed within the small groups.

HANDOUT - UNDERSTANDING ATTITUDES TOWARD INDIVIDUALS WITH DISABILITIES

Direction: Complete the statements with the dysfunctions that apply.

Dysfunctions	Statement
Stroke	The disability I think I could handle best in myself is _____.
Amputation	Others that I might do alright with are _____ _____.
Epilepsy	
Growing Old (senile, lack of mobility?)	The disability that bothers me most in other people is _____.
Mental Illness (please clarify)	Others I find myself avoiding contact with are _____ _____.
Retardation	The disability I think I'd have the most trouble coping with in myself is _____.
Speech Difficulties	Others that would be hard for me are _____ _____.
Blindness	The sense that I most dread losing is _____.
Deafness	The following disabilities are represented in my family, among my friends, etc._____ _____.
Paralysis	
Terminal Disease	The following disabilities used to bother me, but don't as much now _____ _____
Defacement	
Heart Attack	because_____ _____
Others:	
_____	
_____	

*Reprinted with permission from Beth Silvercloud, Consultant, Bridgewater, Massachusetts.

Large Group Activity
10 min.

Role-playing Situations

The most effective way to learn about something is through experience. This is especially true of disabling conditions. By giving individuals an artificial dysfunction, they begin to appreciate the frustration, courage, fortitude and creativity of people who must live with the dysfunction every day. An appreciation of the "handicapped" is fostered within the workshop participant once he/she has had the opportunity to experience "the handicap" on a first-hand basis.

ADVANCE PLANNING: For the workshop session, you will need to secure crutches, wheelchairs, 4 and 10 pound weights, blindfolds (occluders), and earplugs. Make sure that you have enough of these items so that each participant can use the wheelchair at least once and so that each participant can use either a pair of crutches, wheelchair, weights, blindfold or earplugs.

Distribute the items to participants and explain that they will be doing some exercises on what it's like to be handicapped. Instruct earplug users to insert earplugs immediately, then talk softly and do not face these participants. Instruct other people not to explain your instructions to the earplug users, or to talk with them during the exercise. If the earplug users ask questions, other participants should pretend not to understand what is being said. If necessary, adjust crutches for the participants using them. Instruct the weight users to attach a 5 pound weight to one wrist and a 10 pound weight to the same side ankle. Give the participants the following tasks and allow 45 minutes for them to complete their assignments.

ASSIGNMENTS:

- If a a CETA office, each participant will go to his/her office, try to operate machines, open doors, get supplies, etc.
- Instruct all participants to go to the bathroom and/or to make a telephone call if a pay phone is available.
- Instruct participants to leave the building, travel to the parking lot, and return.

Large Group Activity 15 min.

When participants return to the large group, ask them to discuss their experiences. Some suggested questions for discussion are:

- What problems did you have during the exercise?
- Did you get angry or frustrated at all? Why and when?
- Will this experience change the way you interact with people with disabilities? How?

Large Group Activity 30 min.

Public Commitment Statement to Encouarge Workshop Participants to Service Individuals with Disabilities.

The research has shown that when people make a verbal commitment to accomplish a specific objective before peers, the probability that they will strive to accomplish this public commitment is much greater than if no public statement was made and the commitment was an internal one. For example, when an employer publicly announces that he/she will try to hire 10 individuals with disabilities within the next year, he/she will try to accomplish that goal to a greater extent than if no public statement had been made. It is easy to dismiss a promise made to yourself. No one else knows of your commitment and peer pressure does not exist to accomplish that silent objective.

Once the attitude identifier survey and the role playing has been completed, facilitate a discussion regarding how CETA can serve individuals with disabilities and ask for a public statement from workshop participants regarding how they will change, enhance, or increase their services to individuals with disabilities. If possible, ask for a specific commitment. For example: "I will try to place 10 additional individuals with disabilities this year."

Argument Supporting Position Counter to Personal Attitudes

This is a very effective device to change the attitudes of workshop participants, attitudes which might be negative, detrimental, or unrealistic in some sense. The technique is a simple one to utilize in a workshop setting. Basically, once the nature, direction, and scope of a particular attitude on the part of a participant has been defined, the workshop participant is asked to research and defend an attitude, position, or feeling completely

counter to his/her already defined position or attitude. This technique will work if some time exists between day one and day two of the workshop. After day one, give the participant this assignment to complete for day two of the workshop. For example, if a participant feels that all people in wheelchairs are automatically excluded from certain types of jobs, then the assignment for this participant would be to present a case which supports the fact that individuals in wheelchairs can successfully function in a wide variety of job settings, perhaps with some job modifications.

This technique requires the participant to do some research on the subject at hand. Many times, concrete evidence exists to counter his/her personal attitudes. This technique also forces the workshop participant(s) to further consider his/her attitudes and their impact.

Information Sharing

Information sharing is probably the least effective technique when dealing with the identification, impact, and changing of attitudes regarding individuals with disabilities. If this technique is utilized during an inservice educational training session, several issues should be considered:

- Assure that the information being shared is new information which can be utilized by workshop participants. Many times, when the information shared has been heard before, or is not significant, daydreaming occurs, or there might even be a complete loss of a workshop participant. He/she may get up and leave.

- When presenting the information, state conclusions. Many times in education, information is presented and the conclusions are left up to the information receivers to define. In this instance, propaganda is necessary. State the implications and/or conclusions very clearly.

- The size of your group is extremely important. It has been shown that a one-on-one interaction is the most effective means of dealing with information sharing. Although this one-on-one is not possible in the majority of instances, try to limit the size of the group involved in receiving the information.

A number of effective audiovisual presentations have been developed as information sharers or propagandizers with regard to individuals with disabilities who are successfully functioning at home and in the work environment. You might want to consider using some of these tools for your inservice sessions.

For example:

Films: "A Different Approach"

Available from: Massachusetts Rehabilitation Commission, Boston, Massachusetts.

"Everyday Champions"

Available from: Michigan Bell Audiovisual Department 1365 Cass Avenue, Room 190U, Detroit, Michigan 48226

For additional items, refer to Resources Section.

Bibliography

The Labor Department U.S. Employment Service Division. Placing Handicapped Applicants: An Employment Service Handbook, Washington, D.C.: The Labor Department, 1978.

Myths, Taken from the Government Supervisors Training Program developed by the Texas Rehabilitation Commission. Quoted in the Massachusetts Rehabilitation Commission Personnel Officer's Training Participant's Handbook - EMPLOYMENT OF THE HANDICAPPED, p. 102. Boston, Massachusetts Rehabilitation Commission, 1976.

Sheppard, N. Alan, and Pais, Nanette, ed. Workshop in the Development of Education Personnel to Meet the Employment and Job Placement Needs of Handicapped Persons. Blackburg, VA.: ERIC Document Reproduction Service, ED 141 642, 1977.

Yuker, Harold, E., and Block, J. Richard. Challenging Barriers to Change-Attitudes Toward the Disabled. Albertson: National Center on Employment of the Handicapped at Human Resources Center, Albertson, N.Y. 1979.

Section Two -- Interviewing Skills

by

William Barnes

Introduction

The first question to be asked about teaching interviewing skills for those working to place physically disabled people in jobs is "Why should any different approach or skills be necessary to work successfully with this group than with able-bodied groups?" The answer is complex. First, and most important, are the attitudinal barriers the interviewer may present to the disabled client. There are several forms these barriers may take in an interview situation. Often because of the interviewer's awkwardness and discomfort with the client, he/she fails to make eye contact at all in the course of the interview. The body language of a person who would really rather not be in the situation at all clearly communicates an attitude to the disabled client, and also makes him or her ill at ease. In such a tense and strained atmosphere, the interviewer is in a poor position to conduct an effective interview, and will probably not be able to elicit the information necessary to do a thorough and competent job of placing the client. In order to be effective in meeting the disabled client's needs for employment counseling and services, the interviewer must be able to respond to the client on a number of different levels.

Of primary importance is making an accurate assessment of the client's abilities, rather than focusing on his or her disabilities. This means finding out about his or her interests, experience, and training. It means looking beyond the limitations which may be present and seeing the potential the client has to make as a positive contribution to an employer. You are selling the client, the interviewer must be perceived as interested and involved in the interviewee. This means using good listening skills, verbal and non-verbal. It means being able to ask questions designed to help the client open up and share important relevant information about him or herself. It means being able to paraphrase and summarize the client's words, to assure clear communication and understanding. It means being willing and able to deal not only with concrete information but with the feelings and emotions involved in being in the job market as a disabled person, and having a wide variety of structural, attitudinal, and quite possibly personal barriers to overcome in job search efforts. It means being able to focus the interview appropriately on different subjects at different times. Each of these critical interviewing skills will be dealt with separately and in detail in the following section. Ideally each of these skills should be practiced in a role-play situation to gain confidence and ability in using them on the job. Trainer's instructions have been included in the back of this section to help accomplish this purpose.

In order to function effectively as a good listener there must exist more than just a desire to hear what is said. The listener must be perceived as interested and involved by the speaker. There are five key elements that go into communicating this message.

- Maintain good eye contact. This doesn't mean staring, but little or no eye contact usually means avoidance or disinterest on the listener's part. Try to determine what makes the client most comfortable.

- Keep your attention focused on the speaker. If you have to fill out a form or perform other activities during the course of the interview, try not to do it while the client is speaking. This has the effect of shutting down conversation and limiting the range of responses you'll get. No one likes to talk to a person who is not looking at him or her.

- Nod and smile when appropriate. This may seem too simple a thing to mention, but it provides a lot of encouragement for the speaker. If you fail to provide this positive feedback, the client may feel uncertain of your reaction and cut off further disclosure.

- Maintain a positive posture. This means sitting erect or leaning toward the speaker. Slouching or leaning away from the speaker is usually taken to mean disinterest or disapproval.

- Avoid distracting mannerisms. Fidgeting, checking your watch, speaking to other people, and other breaks in your attentiveness signal divided attention, boredom, and disinterest.

To develop a feeling for how important these points are, it is suggested you try the following exercise.

Exercise II A -- Inappropriate Non-verbal Listening

First, choose a partner to work with. The tasks is for one person to talk about a subject of his choosing for two or three minutes. The listener will frequently break eye contact, shift about and wiggle restlessly. The poor listeners will also check their watches, yawn, change the subject, address remarks to other people in the room, and generally pay poor attention to the speaker. Then reverse the roles and repeat the process. Now rejoin the group.

Exercise II B -- Appropriate Non-verbal Listening

Working with your partner again, repeat the process from Exercise IA. This time focus on using your best listening skills. Keep in mind the five elements of a good listener:

- Maintaining good eye contact
- Keeping attention focused on the speaker
- Nodding and smiling when appropriate
- Maintaining a positive posture
- Avoiding distracting mannerisms.

Open and Closed Questions

When you have both had a chance to be the interviewer and interviewee, rejoin the group. Be prepared to discuss how this exercise felt for you, as compared to the previous one. Think about what your normal listening behavior is like with your client's now, and what you can do to improve it.

When conducting an interview with a special needs client (or anyone else) the kind of answers one gets and the quality of communication that ensues depends to a significant extent on the questions one asks. In this section you will learn the two basic types of questions and purposes for which they are used. You will also do some exercises designed to help you become a more effective questioner, i.e. one who cannot only ask questions aimed at getting specific information, but also draw people out with your questions, allowing them freedom to express themselves more fully and clearly than might otherwise be possible. In a complex interview situation, finding out what the real issues are makes finding a solution much simpler for both of you.

As we have seen from the previous sections on the various barriers that face physically handicapped persons, there are a wide variety of problems our clients may find facing them when in the job market. If the interviewers are able to develop effective questioning skills, it will enable them to be much more successful in providing the type of services and support their client needs. Often the information the interviewer will need in order to provide this support can only be supplied by the physcially handicapped persons themselves. Because of previous negative experiences, many clients are reluctant to discuss their handicaps or disabilities and feel this is a source of embarrassment to them. It is only a sensitive and skillful interviewer who will be able to set the person at ease and find out what real problems are facing that individual in the employment search.

Closed Questions

A closed question is one which presupposes a specific answer, and can usually be answered in just a few words.

For example:

1. "Did you finish your application?"
   Probable answer -- Yes or no.

2. "You would enjoy doing assembly work, wouldn't you?"
   Probable answer -- yes. (You are expecting agreement and will probably get it, whether the client likes it or not.)

3. "Have you ever worked with complex machines before?"
   Probable answer -- yes or no.

4. "You had trouble getting along with people on your last job, didn't you?"
   Probable answer -- mutter, mutter, mumble, mumble.

5. "Do you have a driver's license?"
   Probable answer -- yes or no.

As can be seen from the above examples, these questions are "closed" in the sense that they limit the range of response you will get. This may be exactly what you want to do, as in question 1, 3, and 5. However, in questions 2 and 4, a closed question does not really serve the purpose. Something else is needed.

Open Questions

An open question is one which does not presuppose a specific answer. Rather it opens up the range of possible replies and gives the person asked the question an opportunity to furnish information in detail that he/she feels is relevant. Open questions usually cannot be answered in just a few words. They indicate a willingness to listen on the part of the questioner, and should be asked only if you do have the time and inclination to listen properly to the response. (See Exercise I on Listening Skills.).

For example:

1. "What kind of work would you be most interested in doing?"

   This could be an alternate version of question 2 in the closed question section but will probably elicit a more honest and detailed response.

2. "Could you explain to me why you left your last job?"

   This is an "open" version of question 4 in the closed question section. No threat or accusation is implied and the person has an opportunity to present his/her explanation without having been judged already. Communication is still open.

3. "What do you see as the major assets you have to offer an employer?"

   Here the client has an opportunity to present his/her strengths in detail, and to include information about himself or herself that the interviewer might not find out otherwise.

4. "Do you find that people have difficulty relating to you because of your disability?"

5. "How does that make you feel?"

   Questions 4 and 5 offer a way to open up the interview to a discussion of the client's disability and his or her skills in coping with problems generated as a result of the disability (or as a result of other people's attitudes towards it).

Keep in mind when using open questions that you are offering the clients an opportunity to educate you on what it is like to be in their shoes. Not only the form of the question, but also the sincerity of your interest and concern go into creating an open or closed climate for the interview.

Exercise II C -- Open and Closed Questions

In order to develop your questioning skill you may participate in the following exercise: Working in groups of three people, conduct an interview using only open and closed questions and good nonverbal listening skills. Divide your group so that one person is the interviewer, one person the interviewee and one an observer. Have the interviewee choose a subject he or she will feel comfortable talking about. The observer should note how many questions each type were asked and what the responses were like. Allow enough time so that each member of your group will have an opportunity to function in all three roles, as well as receive feedback on his or her performance as interviewer. Then rejoin the larger group to discuss what you have learned.

Paraphrasing and Summarizing

If someone gives you their phone number you will usually repeat it to make sure you get it right. Yet we often listen to several minutes of complicated personal information from a person without ever checking to see if we have understood them correctly. Paraphrasing is a way of making sure that the message we received is the one that was intended. By repeating in our own words, at appropriate intervals in the conversation, what we have heard someone say, we can accomplish several important ends simultaneously. First, we make sure we heard what was actually intended, not just our interpretation of it. We offer the person listened to an opportunity to correct our impressions or to expand on her or his remarks. By listening actively with the intention of parapharsing when appropriate, you will also find your power of concentration is increased. The person talking will feel really listened to by you. Paraphrasing is a nonjudgemental technique. It allows a person to express his or her thoughts or feelings fully and clearly, without having the subject changed or being challenged about what is said. Paraphrasing opens the way to clear communication and aids in establishing a truly helpful dialogue.

For the interviewer, having access to the skills of parapharsing and summarizing can be especially advantegous in working with clients with disabilities. By paraphrasing the client's words the interviewer is able to focus attention on the client and allow him or her the full opportunity to express feelings or ideas on a subject. By paraphrasing the client's words, the interviewer can often avoid misunderstandings and wind up being of genuine assistance. With the emotionally disturbed client, interviewers may often find themselves able to control a potentially disruptive situation in a manner that is encouraging to the person with the problem. These skills offer a way to avoid being personally drawn into a confrontation. Instead the client's thoughts and feelings remain the focus and the interviewer can continue as a helper, not an adversary.

Summarizing the progress of a conversation from time to time is also a very helpful technique. You not only check out your own understanding of what's been said or decided, but you help to focus the conversation so the client can think more clearly and make more rational and thoughtful decisions. Again, you give the clients room to educate you on what it's like to be in their shoes. Only the clients themselves really know what their real needs are. Paraphrasing and summarizing can take you out of the line of fire and help your clients come to terms with the real sources of their anger, hostility, or frustration. Too often the counselor bears the

brunt of clients' frustration only because the clients don't know know how to stop being upset and they include all others in their anger. Take these situations seriously if they arise in your interview, but don't take them personally.

Exercise II D - Paraphrasing and Summarizing

In order to develop your paraphrasing and summarizing skills, you may participate in the following exercise: Working in groups of three, conduct an interview using primarily the skills of paraphrasing and summarizing. You may also use your questioning skills, and of course your nonverbal listening skills. Divide your group so that one person is the interviewer, one person the interviewee, and one an observer. Have the interviewee choose a subject he or she will feel comfortable talking about, preferably role-playing a job applicant with a disability. The observer should note how often and how accurately the interviewer paraphrases and summarizes. The interviewer should keep in mind that the idea is not to parrot the speaker's words, but to restate in the interviewer's own words his or her understanding of what has been said. Allow enough time so that each member of the group has an opportunity to function in all three roles, as well as receive feedback on his or her performance as interviewer. Note how using these skills effects the course of the interview, and be prepared to share your observations when you rejoin the larger group.

Reflection of Feelings

If we wish to develop a good relationship with our clients, one in which the client will feel free to confide in us or ask our help, it is necessary that we present ourselves as persons. Often clients are unaware of the impact their behavior may have on you personally. A simple expression of how the behavior is affecting you at that moment can be a powerful and yet nonthreatening way to confront that client. For example, "You know John, you've changed the subject seven times in the last half hour while I was trying to get the information I need to be able to help you. It makes me lose my train of thought and I'm feeling frustrated and irritated. What do you suggest we do about it?" This accurate reporting of your feelings in a nonjudgemental, nonthreatening way is often in itself enough to cause a positive change in the problem behavior. It has the added advantage of putting the problem on record in a concrete way for the client and yourself. If the client's behavior is causing a problem for you, identify it as your problem. This is called sending an "I" message, as opposed to the "you" messages interviewers usually send. If you can honestly and candidly tell a client how a

specific behavior affects you, it makes it much easier for the client in turn to express his or her feelings openly to you. Before any mutually acceptable solution to a problem can be reached, both parties must fully understand the other's feelings and concerns.

In order to establish an effective interpersonal relationship, it is important to be able to respond with empathic understanding to another's feeling state. In the words of Carl Rogers, we want to communicate to the person we're helping that "I am with you...I can accurately sense the world as you are feeling and perceiving it." Important as this skill is in becoming an effective helper, it often proves the most difficult for a beginning helper to master. One of the primary reasons is that we ourselves are often not in touch with our own feeling states; or we incorrectly think we are expressing our feelings when in fact we are doing something very different. In working with the special needs client, the counselor will often find that the nature of the person's handicap and the extra stress that having this handicap has in the interview setting can give rise to a lot of strong feelings and emotions on the part of the client. Job developers will have an advantage in working with these clients if they can understand how a client is feeling and give him or her an opportunity to express anger, frustration, anxiety, or pleasure in a given situation. In order to do this effectively, the interviewers must also be able to recognize their own feelings in a given situation and deal with them appropriately. The following exercise is designed to focus attention on appropriate and inappropriate ways we express ourselves and our feelings.

Exercise II E - Description of Feelings

Any spoken statement can convey feelings. Even a factual report--"It's three o'clock"--can be said so that it expresses anger or disappointment. However, it is not the words that convey the feelings. Whether the statement is perceived as a factual report or as a message of anger or disappointment is determined by the speaker's tone, emphasis, gestures, posture and facial expression. This exercise does not deal with the nonverbal ways we convey feelings. It focuses instead on the kinds of verbal statements we use to communicate feelings.

We convey feelings by:

Commands: "Get out!" "Shut up!"

Questions: "Is it safe to drive this fast?"

Accusations: "You only think about yourself!"

Judgments: "You're a wonderful person." "You're too bossy."

Notice that although each of the examples conveys strong feelings, the statement does not say what the feeling is. In fact, none of the sentences even refers to the speaker or what he is feeling. By contrast, the emotional state of the speaker is the content of some sentences. Such sentences will be called "description of feelings." They convey feelings by naming or identifying what the speaker feels. "I'm afraid of going this fast!" "I feel discouraged."

The goal of this exercise is to help you recognize when you are describing your feelings and when you are conveying feelings without describing them.

Trying to describe what you are feeling is a helpful way to become more aware of what it is you do feel. A description of feelings conveys maximum information about what you feel in a way that will probably be less hurtful than commands, questions, accusations and judgements. Thus, when you want to communicate your feelings more accurately you will be able to do so.

Directions:

This is not a test. Complete only one item at a time as the steps show.

1st - Mark your answers for Item 1 only. Do not do the other items yet.

2nd.- Compare your responses to Item 1 with those of the other members of your small group. Discuss the reasons for any differences.

3rd - Turn to the pages titled "Discussion of Responses." One person might read aloud the paragraph for Item 1. Discuss this until you all believe you understand the point being made.

4th - Repeat steps 1, 2 and 3 for Item 2. Then continue this process in turn for each item until you have completed all ten items.

Description of Feelings - Worksheet

In each set below, all the sentences convey feelings, that is, any of them could have been spoken by the same person in the same situation. Each sentence, however, may be either of two different ways of communicating feelings by words.

Put a D before each sentence that conveys feelings by describing the speaker's feeling.

Put a NO before each sentence that conveys feeling but does not describe what it is.

Item 1. ( ) a. Shut up! Not another word out of you.

( ) b. I'm really annoyed by what you just said.

Item 2. ( ) a. Can't you see I'm busy? Don't you have eyes?

( ) b. I'm beginning to resent your frequent interruptions.

( ) c. You have no consideration for anybody else's feelings. You're completely selfish.

Item 3. ( ) a. I feel discouraged because of some things that happened today.

( ) b. This has been an awful day.

Item 4. ( ) a. You're a wonderful person.

( ) b. I really respect your opinions; you're so well-read.

Item 5. ( ) a. I feel comfortable and free to be myself when I'm around you.

( ) b. We all feel you are a wonderful person.

( ) c. Everybody likes you.

Item 6. ( ) a. If things don't improve here, I will look for a new job.

( ) b. Did you ever hear of such a lousy place to work?

( ) c. I'm afraid to admit that I need help with my work.

Item 7. ( ) a. This is a very poor exercise.

( ) b. I feel this is a very poor exercise.

Item 8. ( ) a. I feel inadequate to contribute anything to this group.

( ) b. I am inadequate to contribute anything in this group.

Item 9. ( ) a. I am a failure--I'll never amount to anything.

( ) b. That teacher is awful--he didn't teach me anything.

( ) c. I'm depressed because I did so poorly on that test.

Item 10. ( ) a. I feel lonely and isolated in my group.

( ) b. For all the attention anybody pays to what I say, I might as well not be in my group.

( ) c. I feel that nobody in my group cares whether I'm there or not.

Discussion of Responses

Item 1: a....No. Commands such as these convey strong emotion but do not name what feeling prompted them.

b....D. The speaker says he feels annoyed.

Item 2: a....No. These questions express strong feelings without naming it.

b....D. The speaker says he feels resentment.

c....No. These accusations convey strong negative feelings. Because the feelings are not named we do not know whether the accusations stemmed from anger, disappointment, hurt or what.

Item 3: a....D. The speaker says he feels discouraged.

b....No. The statement appears to describe what kind of day it was. In fact, it expresses the speaker's negative feelings without saying whether he feels depressed, annoyed, lonely, humiliated, rejected or what he feels.

Item 4: a....No. This value-judgment reveals positive feelings about the other person but does not describe what they are. Does the speaker like the other person, respect him, enjoy him, admire him, love him or what?

b....D. The speaker describes his positive feeling as respect.

Item 5: a....D. This is a clear description of how the speaker feels when with the other person.

b....No. First, the speaker does not speak for himself but hides behind the phrase, "We feel." Second, "You're a wonderful person" is a value-judgement and not the name of a feeling.

c....No. The statement does name a feeling (likes), but the speaker attributes it to everybody and does not make clear that the feeling is within him. A description of feeling must contain "I," "me," "my," or "mine" to make clear that the feelings are the speaker's own -- are within him.

Does it seem more affectionate for a person to tell you "I like you" or "Everybody likes you?"

Item 6: a....No. This conveys negative feelings by talking about the condition of things in this organization but does not say what the speaker's inner state is.

b....No. This is a question that expresses negative value-judgment about the organization. It does not describe what the speaker is feeling.

c....D. This is a clear description of how the speaker feels in relation to his job. He feels afraid.

Expressions a and b are criticisms of the organization that could come from the kind of fear described in c. Negative criticisms and value-judgments often sound like expressions of anger. In fact, negative value-judgments and accusations often are the result of the speaker's fear, hurt feelings, disappointments, or loneliness.

Item 7: a....No. This is a negative value-judgement that conveys negative feelings but does not say what kind they are.

b....No. Although the speaker begins by saying, "I feel," he does not then name what he is feeling. Instead he passes a negative value-judgment on the exercise. Note that merely tacking the words "I feel" on the front of a statement does not make it a description of feeling. People often say "I feel" when they mean "I think" or "I believe"; for example, "I feel the Yankees will win" or "I feel you don't like me." Many persons who say they are unaware of what they feel or who say they don't have any feelings about something habitually state value-judgments without recognizing that this is the way their positive or negative feeligs get expressed.

The speaker could have said that he felt confused or frustrated or annoyed. He would then have been describing his feelings without evaluating the exercise itself.

Many arguments could be avoided if we were careful to describe our feelings instead of expressing them through value-judgements. For example, if Joe says the exercise is poor and Fred says it is good, they may argue about which it "really is". However, if Joe says he was frustrated by the exercise and Fred says he was interested and stimulated by it, no argument should follow. Each person's feelings are what they are. Of course, discussing what it means that each feels as he does may provide helpful information about each person and about the exercise itself.

Item 8: a....D. The speaker says he feels inadequate.

b....No. Careful! This sounds much the same as the previous statement. However, it says that the speaker actually is inadequate--not that he just currently feels this way. The speaker has passed a negative value-judgement on himself, he has labeled himself as inadequate.

This subtle difference was introduced because many people confuse feeling and being. A person may feel inadequate to contribute in a group and yet make helpful contributions. Likewise, he may feel adequate and yet perform very inadequately. A person may feel hopeless about a situation that turns out not to be hopeless.

One sign of emotional maturity may be that a person does not confuse what he feels with the nature of the situation around him. Such a person knows he can perform adequately even though he feels inadequate to the task. He does not let his feelings keep him from doing his best because he knows the difference between feelings and performance and that the two do not always match.

Item 9: a....No. The speaker has evaluated himself a failure.

b....No. Instead of labeling himself a failure the speaker blames the teacher. This is another value-judgement and not a description of feelings.

c....D. The speaker says he feels depressed.

Statements a and c illustrate the important difference between passing judgment on oneself and describing one's feelings. Feelings can and do change. To say that I am now depressed does not imply that I will or must always feel the same. However, if I label myself as a failure--if I truly think of myself as a failure--I increase the probability that I will act like a failure. One woman stated this important insight for herself this way: "I have always thought I was a shy person. Many new things I really would have liked to do I avoided--I'd tell myself I was too shy. Now I have discovered that I am not shy although at times I feel shy."

Many of us avoid trying new things by labeling ourselves. "I'm not artistic." "I'm not creative." "I'm not articulate." "I can't speak in groups." If we could recognize what our feeling is beneath such statements, maybe we would be more willing to risk doing things we are somewhat fearful of.

Item 10: a....D. The speaker says he feels lonely and isolated.

b....No. This conveys negative feelings but does not say whether he feels angry, lonely, disappointed, hurt, or what.

c....No. Instead of "I feel" the speaker should have said "I believe." The last part of the statement really tells what the speaker believes the others feel about him and not what he feels.

Expressions c and a relate to each other as follows: "Because I believe that nobody in my group cares whether I am there or not, I feel lonely and isolated."

Reflecting the Client's Feelings

When we say reflection of feeling, we mean using a very selective listening process which blocks out the content issues in what is being said and focuses on the feelings being expressed instead. For example if a client says, "I quit! I've tried this stupid application form three times and I just can't do it!", we have a wide variety of ways we can respond. The most common approach would be to either correct or criticize the client for his attitude/ outburst, or to offer to help with the problem. More often than not, however, there is more to this kind of a reaction than the single inability to get the problem right. Using a reflection of feeling approach, the conversation might go like this.

Counselor: "It sounds like you're really frustrated, Juan.

Client: "Yeah, I just can't do anything right today."

Counselor: "You're discouraged by what has happened today."

Client: "You bet I am. First my brother took off without helping me get dressed this morning, then my chair car was late, and now I can't even do a stupid application form."

Counselor: "So you're pretty upset now about all these things happening to you."

Client: "Uh huh. I guess I blew it a little bit when I got so angry."

Counselor: "Sounds like you had a good reason to. How do you feel now?"

Client: "Better, I guess. Thanks for listening."

Counselor: "Thanks for telling me about it. Do you want any help with that application now or would you like a few minutes to yourself."

Client: "No. Let me try it again first."

The advantage in using this reflection listening style is that the client is allowed the time and space to explore his own feelings and find his own resolution. In this situation the job counselor correctly identified the problem as belonging to the client and helped him clarify his thoughts and feelings. A great deal of tension and frustration that builds up in an adolescent with a disability (or for anyone else) can be released by having an opportunity to express and explore the source of that frustration. By keeping the focus of the conversation on the youth and his feelings, the counselor was able to show his respect for and confidence in the client. Only after the client himself showed his readiness to move off the subject did the interviewer offer his help or advice.

In order to move the interview into the arena of feelings and emotions, the interviewer must rely on his or her judgement and then take some risks. It will of course not always be appropriate to include such an approach in the interview, but often it becomes obvious that certain issues have an emotional component for the client which needs to be expressed to "clear the air" and help the interviewer gain a fuller understanding of

the client's needs. If the interviewer feels this area needs to be explored, he or she need not be certain of what the client is feeling in order to begin reflecting feelings. If the wrong feeling is reflected by the interviewer, the client will usually just make the correction (e.g. "no, I'm not angry, just frustrated."). The ultimate effect is the same. The interview has been moved onto a feeling level.

Exercise IIF - Reflection of Feelings

In order to develop your reflection of feelings skills, you may participate in the following exercise. Working in groups of three people, conduct an interview using primarily the skill of reflection of feelings. You may use your other counseling skills also, but focus on the feeling content of the interview. Divide your group so that one person is the interviewer, one the interviewee, and one an observer. Have the interviewee choose a subject he or she will feel free to talk about, and which has some strong emotional content attached to it. Since the subjects raised during this exercise are frequently of a personal nature, respect the confidentiality of the content of the interview. Allow enough time so that each member of the group has an opportunity to function in all three roles, as well as receive feedback on his or her performance as interviewer. Note how using this approach effects the course of the interview, and be prepared to share your observations when you rejoin the larger groups.

Focusing the Interview

As anyone who is regularly involved in interviewing and gathering information from people knows, it is often difficult to stay in control of the flow of conversation. People tend to ranble, include irrelevant details, and jump from one topic to another, using up limited time and making it hard for you to get needed information from them. The following ideas on focusing the interview offer a way to first of all be aware of the different types of focus an interview may have, and secondly be able to direct the interview to the specific focus (or foci) you have chosen. The six categories we will look at are client focus, helper focus. other individuals focus, mutual or group focus, topic focus, and cultural-environmental-contextual focus. By selectively responding to the cient's statements, the helper can determine which focus will prevail. Perhaps the best way to see this is to look at a sample opeing statement a client might make, and then see what each different helper response would look like.

Client: "Well, I don't krow if you can help me or not. My mother thinks you CETA guys are just a bunch of loafers. Anyhow I had a couple of jobs on work-study when I was in school and nobody liked having a guy in a wheelchair around. They all sort of look through you like you're not there. I don't think anybody would pay me enough to make it worthwhile giving up my medical benefits anyhow."

Client Focus: "You don't think I can help you, and you're worried that nobody will want to hire you, John?"

Helper Focus: "I know how you feel. I always get anxious myself when I have to go job hunting. But it always works out for me.

Other Individuals Focus: "You mentioned your mother. What kind of a person is she?"

Mutual or Group Focus: "The two of us are in a sort of job interview situation now. You keep looking down when you talk and it makes it hard for us to establish a good relationship."

Topic Focus: "What were your duties on those work-study jobs you had?"

Cultural-Environmental-Contextual Focus: "A lot of other people with disabilities have gone through what you're going through now. Confronting the issue of handicappism in this society can really create a lot of stress on an individual.

Obviously, each different helper response leads the conversation in a very different direction. No one response is inherently better than another. It all depends on the objectives for the interviewer and the time available to pursue different avenues of thought. To be a truly effective helper, all six aspects of focusing should be considered. An extremely effective way of checking your own interviewing style is to tape an actual interview (with the client's permission of course), and then analyze the different types of responses and helping leads you make in the conversation. Often we tend to favor one or more types of focus over the others and ignore what may be important considerations because we don't feel comfortable in that area or don't know how to broach the subject.

Exercise II G - Focusing the Interview

In order to develop your focusing skills, you may participate in the following exercise: Working in groups of three, conduct an interview using all of your interviewing skills. During the course of the interview, remain aware of the focus at all times. When you are the interviewer, try to change focus by using different helping leads until you have covered all six different types. As an observer, note each different focus of the conversation and how it came to that point. Since the subjects raised during this exercise may be of a personal nature, respect the confidentiality of the content of the interview. Allow enough time so that each member of the group has an opportunity to function in all three roles, client, interviewer, and observer, as well as receive feedback on his or her performance as interviewer. Note how using this approach effects the course of the interview, and be prepared to share your observations when you rejoin the larger group.

Objectives of This Section

The CETA staff will review and upgrade their interviewing skills, enabling them to better meet the job placement needs of physically disabled client. They will learn and practice the skills of nonverbal listening, questioning, reflecting both feeling and content with client and focusing the interview. This will enable them to interact more sensitively with the client and increase their supportive, encouraging role.

Introduction

In working with clients with special needs, it is often appropriate, and sometimes essential, to be able to explore attitudes and feelings about their disabilities with them. A sensitive and skillful interviewer must not only possess a realistic picture of the systemic attitudinal and architectural barriers facing the client from outside, but may also be able to help the individual explore and clarify his or her attitudes and conceptions of him or herself. This means that the interviewer needs interpersonal skills and sensitivity not usually required in a routine job placement interview. To develop the self-confidence necessary to use these skills, a number of exercises have been designed to reinforce each new skill acquired.

Sensitivity in the Training Process

In many of the exercises included in this section the participants will be dealing with personal attitudes, feelings, and emotions of a potentially powerful nature. The trainer should constantly remain aware of this aspect of the training process and be sensitive to the needs of group members. Specifically this means checking with the participants first before making abrupt transitions from one segment of the workshop to another. In the extensive interview portions of workshop exercises, issues are often raised which can't be simply chopped off in mid-sentence. If a group needs extra time and the small groups have finished allow them to conclude at their own pace and rejoin the large group when ready. Check frequently to see if the participants have any questions or comments. It is important to the learning process in this section that an open climate exist where ideas and feelings can be freely expressed and shared. The trainer is largely responsible for creating this climate.

Workshop Design

The basic concept behind the design of these units is that the interpersonal skills used by a good, effective counselor or interviewer can be broken down into discrete components and taught in separate steps. Although the participant may

initially feel a certain amount of awkwardness and disconnectedness in learning the skills in this fashion, it has been shown to come together quite effectively after the first few steps have been made. This course of instruction alone, of course, cannot equip an individual to handle intensivetherapy or act as the primary counselor for people with severe emotional problems. Additional training, practice, and a solid theoretical background is necessary before this should be attempted. What the model can and does provide is an excellent tool for focusing on and developing those interpersonal skills essential for clear, effective, sensitive, person-to-person communication. As such it has enjoyed widespread application outside the counseling field. Faculties, social service workers, public health workers, even students in elementary schools have been found to profit greatly from exposure to, and training with, this teaching approach. In presenting each of the skills the following format will be used:

- An explanation of the skill will be given by the trainer.
- A role-play demonstration will be presented by the trainer and a volunteer.
- An opportunity will be given for participants to engage in the use of the skills themselves in a role-play situation.
- A group discussion will occur in which participants will share with each other what they have learned and any difficulties they may have had.

By using this format all participants will not only get an explanation and demonstration of the skill, but will have an opportunity to try it themselves and then clarify their understanding in the ensuing discussion. It is in the extensive role-playing involved in this approach that the participants gain the skill and confidence necessary to effectively use these skills in their work situations. If they don't utilize this opportunity to practice, there is little chance of them using the skills later on the job.

Instruction for Use of Video-Tape Equipment with Interviewing Skills Exercise Units

If video-tape equipment is available or if it can be obtained by the individual doing the inservice training, it will be a considerable advantage. Often interviewers are unaware of how they appear to clients because of their involvement with the information gathering portion of their jobs. The use of video-tape equipment offers staff members an

opportunity to see and hear themselves as they are perceived by their clients. It may be awkward or embarrassing for some of the staff when first using this video-tape equipment. Offer them an opportunity to familiarize theselves with it if they feel it would make them more comfortable before they begin to do the role-plays in the instructional units.

It is recommended that video-tape equipment be used for the first skill on nonverbal listening. It would be suitable for video-tape equipment to be used in the exercises on open and closed questions, paraphrasing and summarizing skills, reflection of feeling, and focusing the interview. It is recommended in each of those exercises that people work in groups of three; one person will be the interviewer, the second person will be the interviewee, and the third person will be the observer and the camera person. Have each interviewer-interviewee pair be filmed in a role-play sequence and then replay that sequence for all three people to see. At the time, they may either go back and look at specific behavior that was observed or have a general discussion on the effectiveness of the interviewer's style. Then change roles and repeat this process. Change roles again so that all three individuals will have an opportunity to function in all three roles as well as receiving feedback on their performance.

Exercise II A: Inappropriate Nonverbal Listening

First read through and familiarize yourself with the participant's section of the manual on *Interviewing Skills*. Be prepared to give an oral presentation on the skill you are teaching before beginning the role-play exercises. Giving a role-play demonstration of the skill yourself before breaking the participants into small groups will help everyone gain a clear idea of what is expected of them. Use either another trainer or a participant volunteer to conduct the demonstration. You may wish to arrange this beforehand to save time in choosing a subject for the interview.

Then divide the workshop participants into pairs. The task will be for one person to talk about a subject of his/her choosing for two or three minutes. The listener will frequently break eye contact, shift about, and wriggle restlessly. Instruct the poor listeners to check their watches frequently, yawn, change the subject, address remarks to other people in the room and generally pay poor attention to the speaker. Have the members of each pair reverse roles and repeat the process. Then reassemble the group and elicit feedback on how it felt to be on the receiving end of this behavior.

Some suggested questions to ask to facilitate the learning process:

- How did it feel to be listened to that way?
- Were you able to say what you intended?
- Did you decide not to say things you had planned to?
- Did you feel the listener cared about you or what you had to say?

Exercise II B: Appropriate Nonverbal Listening

Repeat the process for Exercise II A. This time focus on displaying good nonverbal behavior.

Some suggested questions to ask:

- Were you more comfortable this time when you were talking?
- Did you feel you were really being listened to? Why or why not?
- Did you enjoy the conversation more than the first time?
- Do you think you look like a good listener?
- Do you think you are a good listener?

Exercise II C: Open and Closed Questions

First read through and familiarize yourself with the participant's section of the manual on *Interviewing Skills*. Be prepared to give an oral presentation on the skill you are teaching before beginning the role-play exercises. Giving a role-play demonstration of the skill yourself before breaking the participants into small groups will help everyone gain a clear idea of what is expected of them. Use either another trainer or a participant volunteer to conduct the demonstration. You may wish to arrange this beforehand to save time in choosing a subject for the interview.

Have each group count off by three, i.e. 1, 2, 3; 1, 2, 3;... so each person in each group is either a 1, 2, or 3. If there are one or two extra people have them each join an existing group. To start, the ones will be the interviewer, the twos will be the interviewee, and the threes will be an observer.

Have each interviewer role play an interview using only good listening skills, open and closed questions. The situations may be an interviewer talking to a troubled client, a real interview to get to know the interviewee better or help him/her solve a current problem or any other situation of the interviewee's choosing. Allow five to seven minutes for each interview, and five minutes afterwards for feedback and discussion by the observer and the two participants. Next have the twos become the interviewer, threes become the interviewee, and ones the observer. Repeat the process. Then repeat again with the threes the interviewer, ones the interviewee, and twos the observer, so that each member of the group has played all three roles. If there are any groups of four, have them shorten the interview time to five minutes maximum so they finish with the other groups. Allow about forty-five minutes for the whole process. Now reassemble in the larger group to discuss what people have learned.

Some questions to ask to reinforce the learning process:

- What did you learn?
- What kind of answers did you get to closed questions? Open questions?
- How did they differ?
- Did you use more open or closed questions? How did this effect the course of the interview?
- Did you feel listened to when you were interviewed? Why or why not?

Observer's Checklist: Open and Closed Questions

1. How many open questions were asked in the course of the interview? _____.
2. How many closed questions? _____
3. What were the responses to open questions like? _____
   _____
4. Responses to closed questions? _____
   _____
5. How did they differ? _____
   _____

Observer's Checklist: Open and Closed Questions
(Continued)

6. Describe the interviewer's nonverbal listening style. Does it seem effective? How could it be improved? _____

_____

_____

When the interview is completed, share the answers to these questions with the interviewer, as well as any additional feedback you think relevant and useful.

Exercise II D: Paraphrasing and Summarizing

First read through and familiarize yourself with the participant's section of the manual on Interviewing Skills. Be prepared to give an oral presentation on the skill you are teaching before beginning the role-play exercises. Giving a role-play demonstration of the skill yourself before breaking the participants into small groups will help everyone gain a clear idea of what is expected of them. Use either another trainer or a participant volunteer to conduct the demonstration. You may wish to arrange this beforehand to save time in choosing a subject for the interview.

The following page is an Observer's Checklist to be used with this exercise. Make a sufficient number of copies beforehand so that each participant may have one for the role-play segment of the training session.

Divide the class into groups of three. Have each group count off by three, i.e., 1, 2, 3, ...so each person in each group is either a 1, 2, or 3. If there are one or two extra people have them join an existing group. To start, the ones will be the interviewer, the twos will be the interviewee, and the threes will be an observer. Have each interviewer role play an interview using only paraphrasing and summarizing skills, and open and closed questions. The situations may be an interviewer talking to a troubled client, a real interview to get to know the interviewee better or help him/her solve a current problem, or any other situation of the interviewee's choosing. Allow five to seven minutes for each interview, and five minutes afterwards for feedback and discussion by the observer and the two participants. Then have the twos become the interviewer, threes become the interviewee, and the ones the observer, so that each member of the group has played all three roles. If there are any groups of four have them shorten the interview time to five minutes maximum so they finish with the other groups. Allow no more than

forty-five minutes for the whole process. Now reassemble in the larger group to discuss what people have learned.

Some questions to ask to reinforce the learning process:

- Did you find it difficult to use this technique?
- Did you find yourself listening more closely?
- When you were interviewed, did you feel what you had to say was understood?
- What kinds of responses did you get to your paraphrases and summaries?

Observer's Checklist: Paraphrasing and Summarizing

1. How many paraphrases did the interviewer make? _____

   How many summaries? _____

2. Was the interviewer able to paraphrase and summarize accurately? _____

   _____

3. How did the client respond to the use of these skills? _____

   _____

   _____

4. Do you think paraphrasing and summarizing aided in clarifying the content of this interview? If yes, why? If no, why not? _____

   _____

   _____

5. Describe the interviewer's listening style. Does it seem effective? How could it be improved? _____

   _____

   _____

When the interview is completed, share the answer to these questions with the interviewer, as well as any additional feedback you think relevant and useful.

Exercise II E: Description of Feelings

This unit is self-explanatory for the participants. As the trainer your function will be to read the instructions with the group, and then act as facilitator for the discussion of each item. This exercise is an effective way of getting the participants to discuss their own feelings, which will be necessary in the following exercise on reflection of feelings. Make sure all participants have read the material in the participants' manual on Reflection of Feelings, or give an oral presentation yourself of these ideas.

Exercise II F: Reflection of Feelings

First read through and familiarize yourself with the participant's section of the manual on Interviewing Skills. Be prepared to give an oral presentation on the skill you are teaching before beginning the role-play exercises. Giving a role-play demonstration of the skill yourself before breaking the particiapnts into groups will help everyone gain a clear idea of what is expected of them. Use either another trainer or a participant volunteer to conduct the demonstration. You may wish to arrange this beforehand to save time in choosing a subject for the interview.

Divide the class into groups of three. Have each group count off by three, i.e., 1, 2, 3,....so that each person in each group is either a one, two, or three. If there are one or two extra people have them join an existing group. To start, the ones will be the interviewer, the twos will be the interviewee, and the threes will be an observer. Have each interviewer role-play an interview using good listening skills and focusing primarily on reflection of feeling. The situations may be an interviewer talking to a troubled client, a real interview to get to know the interviewee better or help him/her solve a current problem, or any other situation of the interviewee's choosing. Allow five to seven minutes for each interview, and five minutes afterwards for feedback and discussion by the observer and the two participants. Next have the twos become the interviewer, threes become the interviewee, and ones the observer. Repeat the process. Then repeat again with threes the interviewer, ones the interviewee, and the twos the observer, so that each member of the group has played all three roles. If there are any groups of four have them shorten the interview time to five minutes maximum so they finish with the other groups. Allow no more than forty-five minutes to discuss what people have learned.

Some questions to ask to reinforce the learning process:

- How many reflection of feeling statements did you make?
- Did you keep the focus of the conversation of the interviewee?
- Was it difficult for you personally to talk about your feelings?
- Were you able to correctly sense how the person you interviewed was feeling?

Section Three -- Networking to Expand Service and Success

by

Kathryn S. Bosch

Objectives of This Section

To provide CETA staff with a rational model for developing a network of cooperative work arrangements with advocacy agencies in order to provide the maximum potential for job placement and services to clients with disabilities.

Introduction

In most communities, there are a variety of agencies providing services to clients with disabilities, CETA is just one of several agencies. The extent and quality of interagency relationships have a significant impact on the provision of employability services to this client. The question at hand to be answered is: Is there really a need for the extra time and energy it would take to form these networks?

Elmer C. Bartels, Commissioner of MRC, and Ralph E. Jordan, Past Assistant Secretary, Department of Manpower Development jointly issued the following letter September 20, 1979, to colleagues of both agencies. It is reprinted here, with permission, from a valuable technical assistance guide titled *Coordinating MRC and CETA Services: A Functional Approach.*[3]

September 20, 1979

Dear Colleagues:

The need for employment and training services for the Commonwealth's handicapped population far exceeds the service delivery capacity of any one program or organization. As they are presently constituted, all of the public and private agencies committed to this purpose are unable to meet the demand for services. Consequently, such handicapped-serving agencies as the Massachusetts Rehabilitation Commission (MRC) and such programs as those operated under the Comprehensive Employment and Training Act (CETA) have a unique opportunity and a special obligation to coordinate their efforts and activities. The problems of duplication of effort and service delivery gaps must be corrected and the specialized resources and strengths of each agency must be identified and shared.

This technical assistance guide and the collaborative efforts which it illustrates are important resources for the realization of these goals. We encourage personnel in both the CETA and MRC systems to make full use of this material to stimulate and guide their coordination activities. Your continuing interest can produce new methods of resource-sharing and program linkage that build upon the advances presented here to better serve the employment goals of the handicapped and the economic development goals of the Commonwealth.

Elmer C. Bartels, Commissioner
Massachusetts Rehabilitation Commission

Ralph E. Jordan, Past Assistant Secretary
Department of Manpower Development

---

[3]Department of Manpower Development, *Coordinating MRC and CETA Services*, (Boston 1979), Forward.

CETA staff must also know enough about other agencies to give and receive appropriate referrals, collaborate on specific cases, and generally work together for the benefit of the client.

The first part of this unit will deal with a rationale and a technique for forming a network that will benefit CETA in placing clients with a disability. The second part concerns the types of agencies commonly involved in referral situations.

Purpose of Coordination

What benefit can be gained from linking MRC, CETA, DES, DMH, and other advocacy agencies services? Isn't every agency already hard presses to fulfill one's goals?

Experience from collaborative efforts of networking from areas in the Commonwealth such as Springfield, give support to undertaking the networking effort. The impetus of these efforts is not just the benefits that accrue to clients, or the advantages for one agency or the other; it is the mutual benefits that come to both clients and agencies alike when well-planned coordination takes place. Let's take a look at what some of these benefits are as presented in the guide, *Coordinating MRC and CETA Services, A Functional Approach.*

Program Participant Benefits

"From the client's point of view, there are several advantages that effective MRC/CETA collaboration can potentially produce, among them:

- A wider choice of employment and training services becomes more readily available to an individual irrespective of initial agency contact.

- Increased opportunities for reliable, more detailed assessments of client vocational directions is possible, with each agency sharing its vocational evaluation data with the other.

- Improved client support and guidance is feasible through a cross agency team of counselors. This team can work jointly with clients in the development of employability plans and in meeting special needs during program participation.

- A broadened exposure to the best available local labor market information is achievable, including materials developed by the planning staff of each local CETA office.

- The expansion of extended client follow-up services (for up to two years after program completion) is feasible. Such extended follow-up cannot be provided by the CETA system alone.

- Assistance from multiple sources in permanent job placement is possible, including full-time job development units and industry-directed training programs within CETA, and specialized placement services arranged by MRC.

-Provision of more financial incentives to clients to complete various phases of program participation (including institutional training programs) is possible. The MRC cannot meet this need on its own.

- The development of provision of job accommodation services is possible through MRC assistance to CETA job development personnel.

- A smoother referral process can be effected from one agency to another, with less duplication of paperwork and more certainty of prompt, appropriate assistance.

- A reduction in the number of income-based client exclusions is possible through a coupling of MRC'S diagnostic, counseling, and job placement services for all MRC-eligible applicants with CETA's eligibility policy that opens a whole range of basic employment and training services automatically to handicapped applicants.

This list is not intended to be comprehensive. In all likelihood, there are many other ways in which clients can receive improved services through the coupling of MRC and CETA resources. This much is certain--the advocacy of improved services for handicapped persons makes MRC and CETA collaboration, from the client's perspective, a prime objective."[2]

CETA Program Benefits

"From the CETA program's standpoint, links with local MRC services can:

- Provide a back-up assessment of the vocational interests, abilities, and suitable career choices of individual applicants.

[2]Ibid, pp. 3-4

- Provide comprehensive medical, social, educational, and psychological assessment of the individual's employment capabilities and limitations.

- Assist in meeting the enrollment goals for service to local handicapped residents. These referrals can be persons with moderate disabilities who do not qualify for MRC's "paid" services, and, where the CETA system has the capacity, those with severe handicaps who have received preliminary assessment and restorative services from MRC.

- Increase staff knowledge of the nature and implications of the Federal Rehabilitation Act of 1973 as regards CETA, with particular attention to Section 504 of this act, which deals with federal grantees such as the CETA prime sponsors.

- Provide preliminary restorative services such as artificial limbs, physical therapy, and mental health counseling to bring severely handicapped individuals to a "CETA-ready" status.

- Provide specialized equipment and technical assistance to CETA programs in handling job accommodation services with employers.

- Provide training of intake and assessment staff in interviewing techniques that protect the applicant's equal employment rights and at the same time encourage the applicant's self-disclosure of vocational disabilities.

- Share in such specialized support services as work adjustment counseling, vehicle modification, interpreter services for the deaf, and two years of post-secondary services.

- Allow informal participation by CETA counselors in applicable MRC "inservice" training sessions offered at local and regional levels.

While all of these institutional benefits cannot be realized in every instance of MRC-CETA collaboration, several of them are recognizable outcomes of agreements in place around the State".[3]

---

[3]Ibid, p.5.

More could be quoted from the technical assistance guide. Instead we suggest that the trainer for this section become familiar with its contents and present what is important to your particular situation. The guide is included asan Appendix.

Involvement

In the revised eligibility statement of May 20, 1980 (as found in the Handbook Introduction and again in the Section on "Placing/Selling... p.63) referrals of clients from anyone of five different agencies consittutes one of the necessary criteria for acceptance as disabled into CETA programs. This seems to indicate a supportive basis for interagency cooperation.

Who ought to be involved in networking? Need there be a top level mandate more specific than the reprinted letter from MRC and CETA executives?

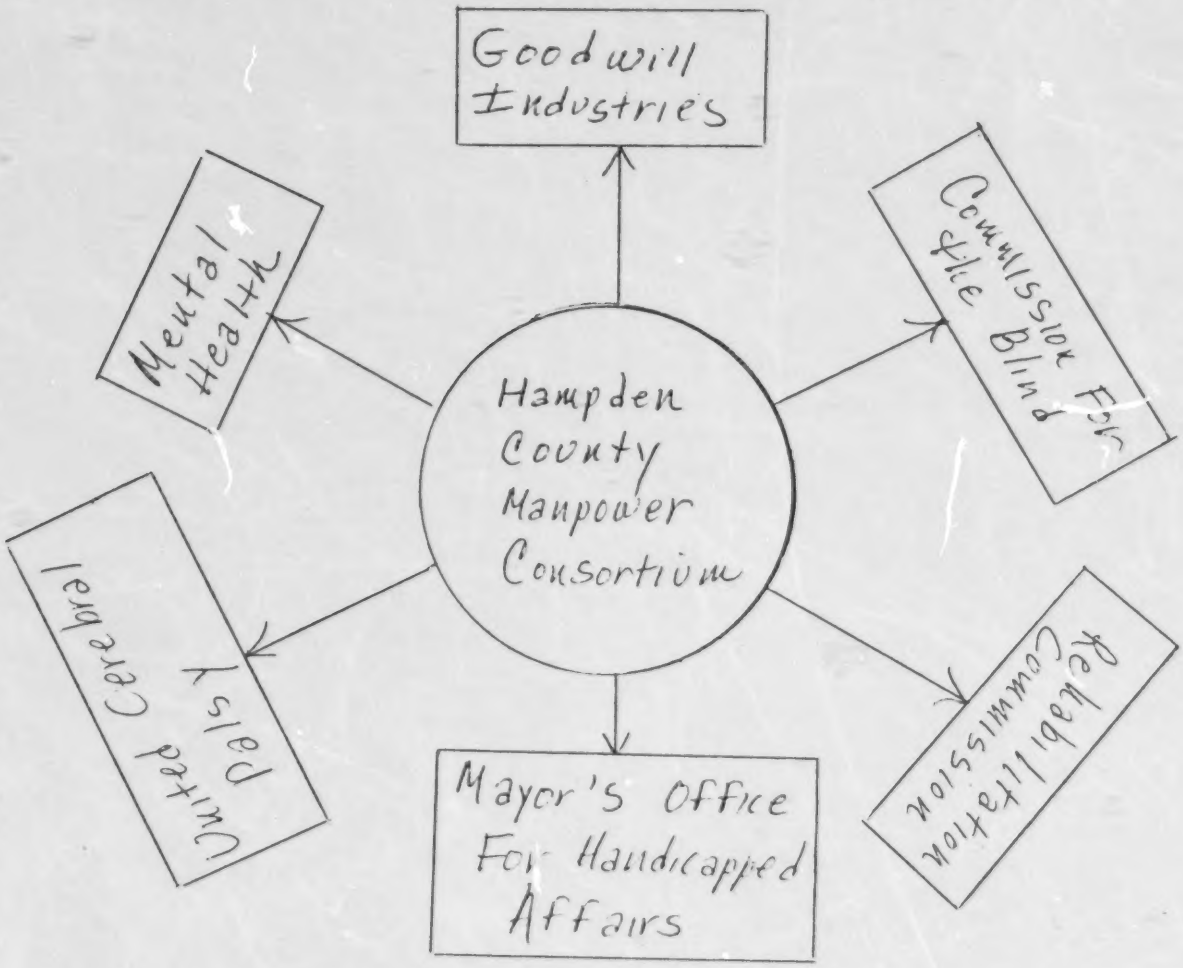
Recommendations from those who are involved in workable endeavors say that interagency networking cannot be simply a top level mandate. At that level it becomes mere paperwork, quickly filed away, or worked at with the least amount of energy and enthusiasm. At a grass roots level the awareness of the benefits of cooperation is what enables networking to succeed. You are the people who will have to work to make it work. Your input of ideas, needs, and energy is important. In the long run, you and your client both benefit from interagency cooperation.

CETA staff members will find valuable information on "Model Process for Interagency Linkage Development Development" on pages 44-51 in the technical assistance guide *Coordinating MRC and CETA Services* in the Appendix. Donna Hobart, Interagency Coordinator for the Hampden County Manpower Consortium, emphasizes the need for continuing personal contact within the networking system on a monthly basis. The effort must be an on-going operating process, more than mere paperwork or wishful thinking.

Networking - One Model

One form of a networking model -- from what existed previous to what exists now -- is presented by Donna Hobart and cooperating staff at the Hampden County Manpower Consortium, West Springfield, Massachusetts.

The following diagram illustrates the contact between Hampden County Manpower Consortium and other service/advocacy agencies in the area propr to 1979:



The effect of this individualistic arrangement for CETA staff and clients was:

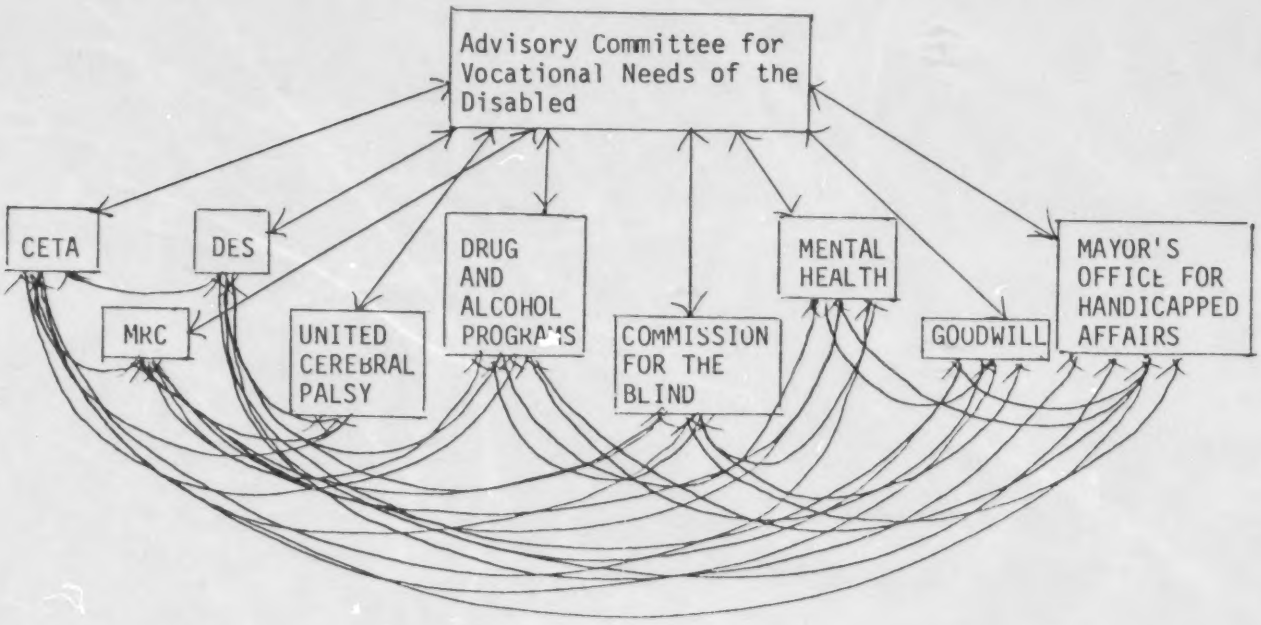
1. Working in a vaccuum.
2. Duplication of effort.
3. Lack of knowledge of what's available.
4. Left hand didn't know what right hand was doing.
5. Tunnel vision.

Seven separate but equal agencies existed. The result of this was detrimental to offering a complete support system to clients and a wasting of CETA staff time.

Upon evaluation, each of these possibilities offered few advantages. A new thought surfaced:

HOW ABOUT THE FORMATION OF AN ADVISORY BOARD WITH THE GOAL OF OPEN LINES OF COMMUNICATION AMONG ALL ADVOCACY AGENCIES????

Visually, this advisory board could be pictured as:



NOW THERE WAS OPPORTUNITY FOR PLENTY OF COMMUNICATION AND COOPERATION BETWEEN ALL AGENCIES INVOLVED.

Results of Interagency Cooperation

After over a year of experience, the networking efforts expended by the service and advacacy agencies in Hampden County have provided:

- Better communication among agencies regarding services offered, clients, and referrals.
- A tracking system to keep a record of what is happening with clients.
- Increased enrollment in the summer youth program.
- Elimination of duplication of effort.
- Easier access for clients into CETA.
- New projects to service clients with disabilities.

Finally, (an maybe the most important of all!)

- A more complete, comprehensive total support system offered to clients to enable them to reach their potential, feel good about themselves, and ultimately find unsubsidized employment.

Interagency Networks

What public and private agencies should you be involved with in networking? Then answer to this question depends on what services are available for clients with disabilities in your area. Within your area check to see if the following social service agencies are in operation:

Massachusetts Rehabilitation Commission
Department of Employment Security
Department of Mental Health
Veteran's Administration (may refer through DES)
U.S. Social Security Administration
Mayor's Office for Handicapped Affairs
Easter Seal Society
Goodwill
Massachusetts Association for the Blind
Massachusetts Commission for the Blind
United Cerebral Palsy
Sheltered Workshops
Organization Serving the Deaf
Epilepsy Foundation
Governor's Committee on Employment of the Handicapped
American Heart Association

For the agencies in your community that offer services to handicapped clients, it will benefit both you and your client if you know the fol owing information about each agency?

Clientele: Whom does the agency serve? What are the requirements for acceptance as a client?

Purpose: To what service area is the agency addressed? What are it's objectives?

Mechanics of referral: What information, forms, and other procedures are required? What is the process of referral?

Cost: If the service is not free, how much does it cost and how is payment made?

Problem areas: Are there waiting periods before acceptance for service? Are there difficulties in providing needed services or back-up?

Location and phone number:

Contact person: Is there one name through whom most effective contact may be made?

In the Appendix you will find one model for synthesizing information for both public and private employment related service sources for clients with disabilities in Hampden, Hampshire, and Franklin Counties.

Objectives of This Section

This section is designed to provide a series of learning experiences for CETA personnel which will encourage them to understand the basis for and to participate in the development of networking arrangements with other agencies serving the job-seeker with a disability.

Introduction

This handbook section *Networking to Expand Service and Success* is designed to be used as a resource for CETA staff so that they may become more aware of the benefits of interagency cooperation for both client and CETA. The content and activities presented in this section are aimed at producing some positive energy and movement toward further development of interagency networking.

Activities for an Inservice Educational Component

The trainer has several options for directly the schedule for the inservice sessions on *Networking*. These possibilities will be presented allowing the trainer to "mix and match" according to the needs of the particular staff. Some subgrantees have on-going positive interagency networks in action; others may have arrangements which exist on paper only; still others may have loosely arranged, unofficial, agreements which are operating to some degree. Because of the varieties of situations among the subgrantees, one format will not suffice. The trainer will need to analyze local territory and proceed accordingly.

Option One

Invite representatives from each advocacy/service agency serving job-seekers with disabilities to your inservice training session. Inform them several weeks beforehand that you want each agency to present a five-minute description of services in order to better inform your staff of what is available "out there" as they both work for the benefit of their client. Ask these representatives to bring any pertinent printed materials which further describe their programs or services.

Plan for the various CETA departments to describe their offerings to the assembled representatives of agencies as well. New CETA staff may also gain further information about their multi-faceted operation.

Plan to focus part of this discussion on whether interagency cooperation is feasible, and if so, how to foster such cooperation.

Wherever appropriate, the trainer may add any content material from the participant's section which has not been covered during the discussions.

Option Two

Handicapped individuals can be an excellent resource with regard to the problems associated with the networking effort to place handicapped individuals. Your staff would benefit from their experience. Invite them to partake in your inservice program. Prepare them beforehand by explaining that your staff would like to hear from a consumer of services for those individuals with disabilities. Some questions to focus the discussion on during the presentation are:

- Tell us something about your disability.

- Talk about abilities versus disabilities as the focal point of a job interview.

- How many agencies (name them) have you approached for employment services? What is (was) it like to go into each employment service agency for support?

- What suggestions do you have for our CETA staff to be able to serve you more positively and efficiently?

- From a consumer's point of view, how might service/advocacy agencies cooperate more effectively?

Option Three

The trainer might plan two short (90 minute) inservice sessions to cover networking aspects.

Session One might simply deal with "getting out the nasties." For consideration during these sessions are the following:

- What have you tried that didn't work?

- Who's a fink?

- Why do you think cooperating with other agencies is a waste of time?

- What didn't happen that should have and what happened that shouldn't have?

Write the basic message of each illustration on newsprint or a blackboard. When all the gripes have surfaced -- and you still have some time left in the day -- return to the listing and turn your focus to "Why didn't it work?" Analyze what broke apart or where it went wrong. This may prove to be a cathartic experience. Do not put down anyone's actions or feelings. Focus on what else could be done that might be more positive another time.

Session Two. (Scheduled within a week or two of Session One). Now that the negatives have surfaced in the previous session, focus on the positive side. Focus this inservice on brainstorming channels of interaction between agencies for support to client and staff. Wherever appropriate the trainer may add content from the participant's section on "Purpose of Coordination" and "Involvement". Questions for discussion may include:

- What are the benefits from a networking system?

- How might cooperative arrangements with X agency lighten or assist you in your job?

- Who has been of help to you from some agency in your work with a client with a disability?

- Are you finding it possible to focus on abilities? How strong is your focus on disabilities?

- What do you need to know about services provided from other agencies?

- How can you go about developing a more inclusive plan for interagency cooperation?

This unit can be presented by a variety of options, only three of which are spelled out. Use your creativity to liven up the material which participants are likely to view as "more work to do...." A positive approach is strategic. If no one is available in your office who feels strong enough to lead this topic, call for help. Donna Hobart, Interagency Coordinator for Hampden County Manpower (1-413-781-6900) may be able to help you or recommend someone else who has experienced success in networking.

Section Four -- Placing/Selling Techniques to Improve Job-Client Match

by

Kathryn S. Bosch

Objectives of This Section

The CETA Job Developer/Counselor will learn the basic laws and skills needed to open up the job market to facilitate placing the job applicant with a physical handicap. In an effort to match the job applicant with the most appropriate position vacancy, CETA staff will learn where to go to identify possible vacancies, who to contact and the most appropriate method of contact for uncovering vacancies, how to define skills required to perform the available positions, and finally, how to make the most appropriate match.

Introduction

What is different about job development and placement for a job-ready applicant who has a physical disability and the same job-ready applicant without a physical disability?

The difference is that there are barriers which often block one from focusing primarily on the abilities. Instead of dealing with the skills and abilities of the individual, one often creates brick walls in the form of myths, misinformation, and fearful attitudes concerning the potential of clients with disabilities. The focus is directed at the existing disability to such an extent that many times the abilities go unnoticed. These barriers were studied in *Section One* of the manual under *Attitudes*. They are not easily dismissed or overcome. We therefore continue our effort in this section to remove barriers to the mystique of job development and placement as it relates to job seekers with physical handicaps.

The main focus of this section is on developing jobs and making the most appropriate match between the job opening and the job-ready applicant with a disability. The first part will address the laws affecting the employment possibilities of individuals with physical handicaps and several definitions of just who qualifies under these rules and regulations. Project PLACE will then be discussed. This project outlines the activities associated with deciding where to go to find job vacancies, who to contact to identify these vacancies and the most appropriate method of contact.

The second section or trainer's manual, will offer a rationale and outline for the inservice trainer to lead participants in experiences which will aid them in working more effectively in a placement capacity with clients with disabilities.

Laws Affecting Handicapped Clients Regarding Work Potential

A basic knowledge of laws prohibiting discrimination against job applicants with physical handicaps will be of value to the job developer/placement specialist. The implications of these laws are far reaching because they guarantee certain basic rights for the individual with disabilities. CETA staff members are not expected to be legal experts, but familiarity with appropriate laws affecting job applicants will give them direction and support in the development of jobs and in the placing of job-ready clients who have handicaps.

The Rehabilitation Act of 1973 (P.L. 94-112)

This Act has been titled the basic civil rights legislation for handicapped persons and contains three sections (502, 503, and 504) of interest to state and federal personnel. Section 504 states that:

> No otherwise qualified handicapped individual in the United States, as defined herein, shall solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any probram or activity receiving federal financial assistance.

Section 504:

- Prohibits discrimination on the basis of physical or mental handicap in every federally assisted Health, Education, and Welfare Program or activity in the United States.

- Mandates that handicapped people must now be given an opportunity to participate, to have a share in the mainstream, to take part in what is going on in business, education, etc.

- States that federally funded programs and activities in existing facilities must be made accessible to handicapped individuals as soon as possible and in any event, no later than August 2, 1977. Structural changes in existing facilities will have to be made by June 2, 1980 if the handicapped are kept out of these programs by inaccessibility.

- States that newly constructed facilities must be barrier-free.

- States that if a handicapped person qualifies for a job, and he can perform the job with a reasonable adaptation by the employer, the employer may not refuse to hire the handicapped applicant.

Section 502:

- Mandates the elimination of architectural barriers which would make buildings inaccessible to the handicapped and creates the Architectural Barriers and Transportation Compliance Board.

Section 503:

- States that any federal contractor (with a contract in excess of $2,500) must take affirmative action to employ the handicapped. Also, that all contractors holding contracts of $50,000 or more with 50 or more employees, must prepare and maintain at their place of business an affirmative action program.

Revenue Act of 1978

In this act, the U.S. Congress established two employment tax credits, replacing prior federal employment tax credits. CETA program clients are eligible under the program.

When a business hires an eligible worker, a claim can be made for federal income tax credit of up to $3,000, the first year and up to $1,500 the second year.

The tax credit is equal to 50% of the first $6,000 paid to each eligible worker during the first year and 25% of those wages during the second year. The total value of the credit will depend on the company's income tax bracket, since the same wages cannot be deducted as a business expense.

To prevent the displacement of current employees, a firm's total credits cannot exceed 30% of the wages paid to all employees which are subject to Federal Unemployment Insurance Taxes.

These credits are targeted to the following population groups:

Targeted Jobs Tax Credit (TJTC)

- Economically disadvantaged Vietnam-era veterans
- Vocational rehabilitation referrals
- Youths participating in a cooperative education program
- Economically disadvantaged youths
- General assistance recipients
- Supplemental Security Income (SSI) recipients
- Economically disadvantaged ex-convicts

WIN Tax Credit

- Participants in the DES Work Incentive Program (WIN) who are employed for more than 30 days.

Eligibility Definitions

There are three basic definitions important to CETA for individuals who qualify as "handicapped."

Section 504 Eligibility Statement

The definition of handicapped in Section 504 of the Rehabilitation Act of 1973 provides the broadest operational definition. This is the definition accepted operationally by Massachusetts Rehabilitation Commission. Within Section 504, a handicapped person is any person who:

- has a physical or mental impairment which substantially limits one or more major life activities (functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, learning, breathing, and working);

- has a record of such an impairment (has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities); or

- is regarded as having such an impairment. A person may be included in this definition if he or she:

  - has a physical or mental impairment that does not substantially limit major life activities but is treated by the institutions as though such a limitation exists,

  - has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others toward such an impairment; or

  - has none of the impairments defined below under "physical or mental impairments," but is treated by the institutions as having such an impairment.

Physical or mental impairments mean:

- any physiological disorder or condition, cosmetic disfigurement or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory; including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine; or

- any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Physical or mental impairments mean:

- any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory; including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endrocrine; or

- any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Revised CETA Regulation Defining "Handicapped" and Printed in the May 20, 1980 "Federal Register" Gives the Following Eligibility Statement:

An individual who has a physical or mental disability which constitutes a substantial barrier to employment and who can benefit from CETA services as determined by subgrantee and meets one of the following criteria:

1. is referred as employable or trainable by Massachusetts Rehabiliation Commission or Department of Mental Health, or

2. is certified as 30% disabled by the Veteran's Administration, or

3. is referred by an established drug or alcholic rehabilitation program, or

4. in exceptional cases where an individual has a visible and medically certifiable physical handicap, prior referral by above agencies is required at discretion of subgrantee.

The Handicapped Individial as Seen by the Labor Department, U.S. Employment Service Division (ES)

There are two definitions of handicapped used by the Employment Service. The first is a statistical definition used to keep track of the numbers of handicapped applicants seen by the Employment Service. The second is an operational definition used to determine when an applicant who meets the statistical definition may require special pre-placement services.

The statistical definition is simple: An applicant who has any handicap included in the list of handicaps found in the *General Guide for Interviewing Handicapped Individuals* (see Appendix) is handicapped, and should be so coded on the application card, regardless of whether the applicant requires any special services.

Of more concern in planning for services is the operational definition. For the purpose of determining when special services may be needed, the Employment Service defines a handicapped applicant as one with a physical,mental, or emotional limitation which meets one or more of five criteria:

- requires the applicant to modify or re-elect an occupation;
- makes it difficult for the applicant to get employer acceptance for suitable work;
- requires special consideration to prevent the applicant from undertaking work likely to either aggravate the handicap or jeopardize the health or safety of others;
- restricts an inexperienced applicant from entering certain industries, trades, or professions, and
- indicates that the applicant's employability can be improved through the adjustment services of another agency.

Summary of Eligibility Statements

Since CETA is to accept Massachusetts Rehabilitation Commission's referrals, the Section 504 eligibility statement is presented first. It is fairly broad as is the elegibility statement of DES which spells out in detail what conditions are eligible for special services.

Criteria four under CETA guidelines offers opportunity for the CETA intake personnel to use its own discretion in eligibility with limitations. However, the phrase "who can benefit from CETA services as determined by subgrantee" portion of the opening eligibility statement may be the most beneficial or the most detrimental to the prospective client. If the initial CETA staff person has a negative attitude toward disabling conditions, the job seeker may meet all other qualifications and still not be accepted. What else does one need to know about individuals with disabilities?

The Job-Seeker with a Disability

According to the President's Commission on Employment of the Handicapped, one out of eleven American adults are classified by the U.S. Census as "disabled." Because their limitations or disabilities are highly visable, many may never be given the opportunity to compete on the basis of their abilities. This inequity is a loss, not only to the prospective employee, but to the employer as well. Because of an erroneous first impression, the employer may be passing up a valuable human resource--someone who could make a real contribution to the business.

Most handicapped individuals are well aware that on the job their handicaps cause no problems or only minor difficulty. The real problem for handicapped individuals is not in holding a job, but in getting the job in the first place.

Myths and Misinformation

The otherwise qualified job-seeker who has a visible handicap is working against a number of disadvantages -- mostly unfounded myths and misunderstandings which make employers reluctant to hire the handicapped. Among the unfounded marks against the handicapped are these:

- insurance rates will skyrocket
- considerable expense will be involved in making necessary adjustments in the work area or job specifications
- safety records will be jeopardized
- other employees will not accept the handicapped.

All these myths have been found to be false assumptions. Assessments of actual on-the-job experience with handicapped workers reveal a picture of average-or-better ratings in those areas which count most with employers; job performance; safety; and attendance.

One of the most recent and most extensive surveys of handicapped worker performance was conducted by E. I. DuPont de Nemours and Company, America's 16th largest employer. This survey was a fact-find project for DuPont, a company of 110,000 employees, which finds mistakes in hiring to be extremely costly, just as they are for any employer.

How did the handicapped stack up to able-bodied employees? They faired very well. The results were tabulated in seven critical areas and the findings should encourage any employer to review hiring practices concerning the handicapped.

INSURANCE: No increases in compensation costs nor lost time for injuries

PHYSICAL ADJUSTMENT: Most handicapped workers require no special work arrangement.

SAFETY: 96% of handicapped workers rated average-or-better both on and off the job; more than one-half above average.

SPECIAL PRIVILEGES: A handicapped worker wants to be treated as a regular employee.

JOB PERFORMANCE: 91% rated average or better.

ATTENDANCE: 79% rated average or better.

There is very little difference between handicapped and non-handicapped workers as to their ability to work in harmony with supervisors and fellow employees.

In another survey, based on reports from more than 100 large corporations to the U.S. Office of Vocational Rehabilitation, the physically handicapped seem to have the slight edge in job performance, as compared with their able-bodied counterparts.

In assessing productivity, 66% of these employers reported no difference between the handicapped and the able-bodied while 24% rated the handicapped higher in productivity. Only 10% reported productivity was lower for the handicapped.

Accident rates were reported lower for the handicapped by 57% of the employers, with 41% reporting the same accident rate for both handicapped and able-bodied. Two percent of the employers reported accident rates were higher for the handicapped.

Absenteeism also was lower for the handicapped, according to 55% of the corporate reports, while 40% of these employers found no difference in absence rates between the handicapped and the able-bodied. Five percent reported absenteeism higher for the handicapped.

Turnover rates were reported lower for the handicapped in 83% of the cases, with 16% of the employers reporting turnover for both handicapped and able-bodied the same. Only one percent reported turnover higher for the handicapped workers.

Good health and possession of all limbs and faculties will always be an advantage. But it is no longer essential that a worker possess all of these in order to handle a great variety of the jobs available today. The number of jobs requiring an able-bodied person with unimpaired faculties are fast disappearing. The trends toward automation and specialization in industry are to the advantage of the handicapped worker. A highly-trained computer engineer, for example, can show superb performance on the job even though almost totally paralyzed for many years.

Of course, not every handicapped worker is a paragon. People with impairments have their share of other human frailties common to all people. But survey after survey shows that handicapped workers have unusually good morale and work attitudes.

Project PLACE

One system which the Massachusetts Rehabilitation Commission counselors have used effectively over the past four or more years to develop jobs for their clients goes under the anacronism PLACE. It presents a basic outline for creating opportunities for clients in a systematic, brief form.

Pre-call planning. What you need to know before you begin:

- Know something about the employer. You must know who is the most appropriate person to contact within the organization. And, how do you find this out? Well, here is where networking is important. Find out who has had experience with the employer. Check with MRC and/or DES. Check with other CETA staff members. You should know the primary motivation of the employer. Could it be high productivity, excellent attendance rates, low turnover rates, prestige? Does the employer have objections to hiring workers with disabilities? What are they?

- Know about the business/industry. Does it have a federal contract in excess of $2,500? If so, it must make an effort to place and promote applicants with physical handicaps. One source of information concerning government contracts is your local legislator.

Networking is of value here. Which agency(ies) in your cooperating network of agencies may have information on job needs for the business/industry you intend to approach? What are the job descriptions and training requirements for the job in question? Are the skills defined appropriately for what needs to be accomplished? Is the place of work accessible to your client? What reasonable accommodations would have to be made for your client? If major changes are necessary, the job prospects are questionable.

- Know your client(s). How job-ready is your client? What skills, abilities, interests, and aptitudes does your client possess? How well does your client fit into the prospective job you hope to develop?

- Know your competitors track record for placement of clients with disabilities. Are they effective in placing their clients? Are they willing to share their basis for success? What is your primary motivation behing placement of clients with disabilities? Are competitor's motivations similar? Where does the client fit into the scheme of placement competition?

Let employers know you are coming.

- Establish credibility. Time is valuable to both you and the employer so don't waste it. Let the employer know who you are and why you want to meet. Define what you want by setting the agenda. If you prepare an employer for an agenda to learn more about the company and then show up with a client's resume, you lose credibility. Be prepared to meet objections with benefits which you can realistically justify.

- Give employer information on the purpose and nature of the CETA organization. Share with the employer what successes you've had with placing clients in similar work stations. If appropriate, and already defined as an agenda item, give information about a job-ready client. Be sure to stress client's abilities.

- Observe employer's reaction to your information and requests. From the reaction, you will get a sense of how the employer is becoming oriented toward your approach. One of your goals is to broaden the employer's receptivity toward someone who is capable but different.

Adapt to employer's concerns.

- When employers express a concern, they are saying "I can't." When a concern is verbalized, you can then begin to deal with it. Meet the objections with a benefit; stress the positive aspects. Continue to respond to concerns until there are no concerns left. The employer may then consider hiring someone you are promoting.

- Avoid controversy. Use simple, functional terms.

- Your objective is to sell your client in spite of employer's objections.

Close the placement.

- Go away with a commitment. You might say: "Based on what we have discussed, how do you feel about hiring a job-ready applicant with a handicap?" In overcoming obstacles, stress benefits, sift out objections and cycle your argument back emphasizing positive conclusions.

- Get the employer saying "yes." Ask questions that require "yes" answers: "Do you want my client to call you or to come in and see you?"

- Let the employer know what to expect during the forthcoming client interview. You know your client best. You are able to place your client in the most positive, realistic position for the forthcoming interview.

Evaluate.

- Continue and expand on the techniques that worked.

- Discontinue activities that didn't work.

- Try and try again. Avoid being discouraged.

Additional Elements Pertinent to Placement Effort

There are several issues regarding placement of individuals with disabilities which should be underscored. They are:

- The abilities of the applicant matched to the demands of the job. Positive emphasis must be placed on what the applicant can do, rather than on what the applicant cannot do.

- Applicants must be referred to jobs strictly on the basis of ability, rather than on the basis of charity or hardship.

- The handicapped job-seeker is an individual whose capacities and potential contributions need individual assessment.

- Because of variations in individual capacities and adjustments in any handicap group, prepared lists of "suitable jobs" for categories of handicapped persons are of little value and potentially harmful. These lists limit options and preclude imaginative individualized job development.

- Approach the placement positively. That is, conduct an affirmative evaluation of experience and ability to determine an applicant's value in the job market.

- To the maximum degree feasible, handicapped applicants should be served precisely like other applicants. The exception is the disabled veteran, who is given preference for referrals over other qualified applicants, including non-handicapped veterans.

- Where possible,assure that a handicap is corrected or treated prior to placement. This can be accomplished through referral to other facilities or organizations.

- Where jobs from regular listings are not suitable for an otherwise job-ready handicapped applicant, other paths should be explored, for example, job development, on-the-job training programs, or job restructuring. Function as an advocate for the jobseeker with a disability. Explore a variety of resources and job options.

- Work cooperatively with other agencies, institutions, and facilities serving individuals with disabilities. Cooperate fully with such organizations.

Trainer's Manual for Section Four -
Placement/Selling Techniques to Improve Job/Client Match

Objectives of This Section

The CETA trainer will provide information and lead workshop participants in learning activities so that CETA personnel will enhance their skills in developing jobs and making the match for those job-ready applicants with physical disabilities.

Introduction

Specific activities suggested in this trainer's section encourage participant involvement and assume that the participants have knowledge of the basic information presented. If CETA staff have not read the content in the participant's section beforehand, the trainer will need to precede the activities for each section with a presentation of the material for that unit.

The times given for each activity in the trainer's section indicate the minimum amount of time you will be able to spend on a specific activity and complete it meaningfully. The time allotment for your workshops, the size of the group, and the professional needs and interests of the participant will determine the maximum amount of time you can devote to specific activities.

Depending on your time allotment you may wish to divide the unit on job development/placement into two sessions. The first session, a short 90-minutes, deals with basic laws and definitions. The second session is two hours long and covers issues concerning myths, job development, and making the match in placements. Combined together, you will need three and a half to four hours. If possible, schedule your sessions in the morning hours. It is with the possibility of two short workshop sessions that this trainer's manual is divided into two units.

Laws Introduction

Knowledge of the basic laws affecting the employability of job applicants with physical handicaps is valuable. Of greatest importance to consider are the questions:

1. How do these laws affect and influence responsibilities of the job developer/placement specialist in securing competitive placement for the individual with a handicap?

2. What responsibility does the employer have to implement these laws?

MRC staff experience in job development/placement may be of value in this unit. Under the present MRC-CETA cooperation arrangement (Sturbridge, Massachusetts meeting, March 5, 1980) you might request the assistance of an MRC staff person with expertise in this area to give support of this inservice issue. Neither MRC nor CETA staff are expected to be legal experts, but familiarity with appropriate laws will be beneficial. There are agencies listed under resources to which staff may go for further information.

Workshop Activities

Session on Laws

15 min. Large group presentation of information on basic laws given by MRC representative or CETA inservice coordinator.

15 min. Large group processing of questions:

1. How do these laws affect and influence responsibilities of the job developer/placement specialist in securing competitive placement for the individual with a handicap?

2. What responsibility does the employer have to implement these laws?

15 min. Role-playing situations - One example might be:

Job developer approaches personnel officer to open up job to a job-ready applicant with a physical disability. The business, which has a federal contract for $100,000 is not known to have any workers with disabilities. The trainers should plan to play the role of job developer to provide a model for participants.

15 min. Questions to consider following role-play:

- What are important issues to address in dealing with employer objections?

- What issues do you not stress?

Eligibility Qualifications

Introduction

The definition of who qualifies under the label "handicapped" for CETA purposes is both broad and narrow. One's personal definition of the term has some relation to one's attitude towards persons with disabilities. Unit one has been developed to focus more specifically on that issue. Some information from that unit may be appropriately reviewed here. It is of value to reconsider one's personal attitude toward disabilities as you continue to work on behalf of the job applicants.

Workshop Activities for Session on Eligibility

20 min. Large group presentation of information on working definitions to be made by CETA inservice coordinator.

20 min. Discussion of CETA definition and its implications. Questions to consider for group discussion:

- How do MRC referrals fit in?
- How do DES referrals fit in?
- How do referrals from advocacy agencies for individuals with disabilities fit in? For example: Commission on the Blind? United Cerebral Palsy? STAVROS?

Outline of Selected Activities for Job Development/ Placement: Making the Match

1. Warm up exercise.
2. Small group discussion of exercise.
3. Large group processing as a result of small group problem discussion.
4. Presentation of material to large group.
5. Questions and discussion in large group regarding material.
6. Small group problem-solving.
7. Large group processing of small group problem-solving.
8. Movie of physically handicapped workers to serve as role-models.
9. Discussion of movie and wrap-up.

Activites for Job Development/ Placement
15 min.

Exercise 1

Warm-up -- hand out 3 x 5 cards or quarter size sheets of paper with the following printed: Problems exist in placing or supervising a physically handicapped person in a job environment. List two problems:

1.

2.

15 min.

Exercise 2

Gather in small groups no larger than four or five people and discuss the problems you have listed in Exercise #1. Questions which can be addressed to promote discussion are:

- Have you had personal experience with the problems you present?
- Are these problems typical for all workers with the disability? What are exceptions?
- Do you have facts to back up the problems you listed?

10 min.

Exercise 3

Return to large group and share issues discussed in your small group sessions. Some questions to address in a large group are:

- Did more than one person list the same problem?
- How did each problem survive the subquestions of #2 (a, b, c)?
- What does research/experience say about facts of the problems listed?

30 min.

Exercise 4

Present the information on *Job Seeker with a Disability* from the participant's manual. It is helpful to use visual aids wherever possible to visually reinforce what one hears during the presentation.

5 min.

Exercise 5

Questions will generally arise when a presentation is made. Allow an opportunity at this time to answer concerns of the participants. Encourage questions.

15 min.

Exercise 6

In small groups of two to four people, set up role-play or problem solving situations appropriate to participants real life roles. How does one incorporate this information into one's work process. Options may include:

- Role play the CETA advocate vs. employer espousing several of the myths (insurance costs up, poor performance and attendance, etc.).

- Role play using PLACE format for job development/ placement

10 min.

Exercise 7

In your large group, share the successes or difficulties of your small group role-playing problem-solving activities and their implications. Questions to promote discussion are:

- How did you benefit from the exercise: What did you learn?
- What would make such an experience more successful in real life?
- What addditional help would you like from the workshop on this issue?

20 min.

Exercise 8

Show a movie of workers who are physically handicapped and succeeding in responsible jobs such as "Everyday Champions" from Michigan Bell Telephone which is listed in the Resource section.

Some questions to promote discussion after the movie are:

- How did the problems of the handicapped people in the movie affect you?
- Can you identify with anyone in the movie?
- Have you experienced similar situations at work, home, in the community?

10 min.

Exercise 9

Workers with disabilities do have abilities which are needed in the job market.

- From the film, content presented, and activities experienced, what one positive action can you take in this month to support the job-seeker with a disability?
- How can CETA inform the non-worker with a disability that one can be assisted through CETA programs?

BIBLIOGRAPHY

Department of Manpower Development, Coordinating MRC and CETA Services: A Functional Approach, Boston, MA, 1979.

Employment Services Division, Placing Handicapped Applicants, Washington,D.C. 1976 (New Technical Assistance Guide being printed for late 1980).

Wisconsin Vocational Studies Center. Vocational Education Models for Linking Agencies Serving Handicapped. University of Wisconsin, Madison, December 1979, Draft Copy.

TABLE OF CONTENTS - APPENDICES

ITEMS INSERTED INTO HANDBOOK CURRICULUM — Page

Workers With Disabling Conditions: Possible Effects of the Disability and Some Suggestions for Working With These Workers 83

Employment Related Services for Handicapped Persons: Franklin, Hampshire, Hampden Counties, MA 105

General Guide for Interviewing Handicapped Applicants: Categories of Individuals With Disabilities 111

Tips for Interviewing and Counseling of Individuals With Disabilities 115

Service Agencies, Advocacy Groups, and Other Resources for Individuals With Disabilities 121

ITEMS INSERTED INTO BACK POCKET OF NOTEBOOK

Your Rights as a Disabled Person

Hiring the Handicapped: Facts and Myths

Dear Employer

Fitting the Job to the Handicapped Worker

Interview: Harold Russell, Chairman, The President's Committee on Employment of the Handicapped

Visually Impaired Workers

Definition

Workers within this category are severely limited in their ability to see. They possess an impairment which even when corrected, adversely affects their work performance.

Classification

Federal legislation breaks visually impaired into two types of impairments:

1. Partially sighted -- even though this person has corrected vision, he/she still needs equipment, and facility modifications to function within the job environment up to his/her potential.

2. Blind -- with this person, the visual disability is so severe that he/she must depend, to a large extent, upon his/her sense of touch and hearing to be able to function.

Causes

With blindness, several factors may be identified as causes. A large percentage is due to the prenatal factors, a vast majority of which are undetermined as to cause. Poisonings also lead the causal list. For example, during the period of 1942 to 1955 an increased concentration of oxygen was given to premature infants placed in incubators resulting in total blindness. It was finally determined that oxygen therapy in such high concentration could lead to disastrous results and this disease virtually disappeared after 1955. However, thousands of individuals were blinded during this period and increased services are now being provided. Other causes are infectious diseases and injuries.

With partially sighted individuals, refractive errors (light rays not focusing on retina), structural defects (cataracts), defects in muscle functioning, infection, and injury, account for these impairments.

Characteristic Behaviors

Workers who are visually impaired may display one or more of the following behaviors:

- shuts or covers one eye, tilts head or thrusts it forward when looking at objects

- appears clumsy, careless, awkward

- Whenever possible, order specially designed tools (e.g. brailled ruler, audible electronic level).

Hearing Impaired Workers

Definition

These persons possess a sense of hearing that acts as an inhibitor to success in a job setting.

Classification

Federal guidelines define and classify hearing impairments in the following manner:

1. Deaf -- a hearing impairment so severe that it adversely affects a worker's performance so that with or without a hearing aid, the person is unable to hear and recognize all speech sounds.

2. Hard of Hearing -- a permanent or fluctuating impairment where the worker can hear and understand speech only with difficulty. The speech must be loud and the person must use a hearing aid, lip read, or use sign language, as a back up system.

Causes

Causes of this impairment can be organized under two general impairments, endogenous (inherited defect) and exogenous (disease or injury). Many cases of this impairment are listed as undetermined. Examples of exogenous causes range from German measles in early pregnancy of the mother as well as influenza and mumps. Childhood diseases such as scarlet fever, mumps, measles, whooping cough, typhoid fever and pneumonia may injure the ear. Also, misuse of antibiotics may cause hearing loss.

In addition, hearing loss may be caused by continued exposure to high-intensity noise in the work and other environments and certain toys such as cap guns and toy rockets may produce noise levels sufficient to damage hearing. Rock and roll music has also been shown to be played at intensity levels above the damage risk level.

Behavior Characteristics

Workers who are hearing impaired may display one or more of the following behavior:

- Use "What?" often

- Show difficulty hearing in a group

- Hold head in a strange position when spoken to Or may turn one ear to the speaker

- Display inattentiveness especially when auditory activities are occurring

- Omit certain sounds from words, substitutes others, or mispronounces simple words

- Often have earaches or colds, has swelling in or around the ears

- Are unable to discern which direction sound comes from, and may be unable to tell who is speaking in a group

- Ask frequently to have things repeated

- Frequently do not respond to questions.

Suggestions for Working with Hearing Impaired Persons

- When verbal communication is essential to the job at hand make sure that the person is positioned advantageously both in the work environment and when participating in a group. It is essential that this person be able to see the lips of everyone involved in the particular activity.

- Make sure the person is paying attention to you when job assignments, work instructions or other important activities are being discussed.

- When presenting new information or asking questions, always face the person, articulate clearly at normal speed, and in a natural tone. Be careful not to stand with a light source or window to your back. Use your expression and motions to show emphasis and feelings.

- When writing notes or information on a blackboard, write wiothout speaking, then turn and speak directly to the person.

- Try to cut down on extraneous external noise as much as possible, this can sometimes adversely affect the work enviornment or any other situation for the hearing impaired person.

- Make use of as many visual aids and written materials as possible when giving job instructions. If the job at hand is complex, provide additional outlines, lists, etc. to supplement instructions.

- Initially pair the hearing impaired worker with an experienced worker and encourage a sharing of techniques and experiences.

- If equipment is involved in the learning situation, install a light next to a switch which indicates that machine is in use. Also connect light signal to typewriter bells, class bells, fire alarms, and other emergency indicators.

Speech Impaired Workers

Definition

Within this group we find workers whose speech is so defective that it calls attention to itself, interferes with communication or causes the person to be maladjusted. Within this group, we might find a person who understands the English language but possesses a defect such as stuttering or we might find a person who uses non-standard English but does not posses any speech defects.

Classification

Speech defects may be grouped into the following categories:

1. Disorders of articulation -- involves substitution, omission, distortion, and/or addition of sounds. For example, substituting "w" for "r" or "th" for "s". Consonants are often dropped from the beginning, middle, or endings of words, making speech almost unintelligible. Distortions occur when an attempt is made to approximate a specific sound.

2. Disorders of the voice -- includes problems with vocal quality, pitch and intensity. For example: a hoarseness, breathiness, huskiness, or nasal twang are associated with defects in vocal quality. Pitch is often related to problems of the development of the larnyx. Intensity of the voice may reflect lack of control of vocal power, attention seeking, immaturity, or insecurity.

3. Stuttering -- considered a disorder of rythym or fluency where the disfluencies occur as involuntary and abnormal repetitions.

4. Delayed speech -- occurs when person does not develop speech appropriate to his/her age level or develops only partial understanding of vocal expression/language. This can happen when there is some form of central nervous system damage after language has begun or prior to the development of language (called aphasia).

5. Cleft lip and palate -- a condition which results when during the second or third months of pregnancy, bone and tissue of palates fail to fuse. It is possible that this condition includes nasal emission, hypernasality, and misarticulation.

6. Disorders associated with impaired hearing -- depends upon the severity and kind of hearing loss. There may occur omission, disruptions of sound in high freqeuncy range, poor discrimination between sounds, and omissions and indistinctiveness of word endings.

Causes

Disorders of articulation may be caused by the malfunctioning of any part of the vocal system including breathing, vocal cord vibration in the larynx, auditory discrimination, sound perception and perception in the central nervous system, tongue, pharynx, lips, teeth, palate, and jaws. It is possible for a person to have impaired functioning of the vocal system and no speech problems while others might have speech problems but no structural defect. Speech problems may be experienced-based as is true of some persons from an impoverished environment, those who are immature, bilingual, and those with emotional problems. So, as is often true with other categories of handicapping conditions, the causes of the disorder can be capacity or experience based.

Characteristics of Speech-impaired Persons

One might find a worker of this group:

- Stuttering
- Speaking with a nasal twang quality which might produce something like "spring has cob," instead of "spring has come"
- Substituting "w" for "r" such as "wide" for "ride"
- Additing vowels between other syllables such as "on-a-the chair"
- Displaying a huskiness, hoarseness, or breathiness in the production of sound
- Speaking in a high pitch, or excessively lound or soft
- Speaking in patterns which indicate mismatched speech patterns and chronological age, and only a partial understanding of language or vocal expression
- Speaking unusually slowly or very quickly.

Suggestions for Working with Speech Impaired Workers

- Be careful with your language style and ennunciation.
- Do not ridicule or call attention to any speech problem the person may display and acutely discourage your other workers from doing so.
- Create an atmosphere which the person may feel comfortable. Initially, you might want to ask questions which elicit one word answers.
- Be sure to pay careful attention when this worker is speaking.

Orthopedically Handicapped and Chronically Ill Workers

Definition

Workers within these categories possess health conditions which inhibit their mobility, vitality and alertness. Their health conditions interfere with their ability to function within a regular job setting.

Classification

Included within this category are neurological disorders, misformations of the spine, loss of limbs, muscular diseases, epilepsy, tuberculosis, blood diseases such as hemophilia and leukemia, allergic conditions such as asthma, and chronic diseases such as diabetes.

Causes

Crippling conditions and chronic illnesses resulting from congenital or inherited abnormalities, infections, metabolic disturbances, traumatic conditions, accidents, progressive diseases, or from unknown or miscellaneous causes.

Characteristics

A worker within this category may possess one or more of the following:

For Orthopedically Handicapped

- Lack of motor control
- Absence of a limb
- Slow movement because of pain within muscles, joints, limbs.

For those who are chronically ill:

- Absence from work frequently

- Tired, thin, sickly appearance

Suggestions for Working with the Orthopedically Handicapped:

Usually only limited job site modifications or work techniques are necessary for this group of persons. As individuals they have probably experienced the sense of exclusion caused by limited mobility within the community and may have difficulty perceiving themselves as part of a group or team. They may also have been rejected by family, peers, teachers, and other individuals because of the unattractiveness of their disability. You might want to:

- Work to develop a positive attitude toward this person and spread this feeling throughout the work setting.

- Familiarize the new worker with the job environment and its facilities.

- When teaching new jobs, making presentations, or conducting demonstrations, be sure that this worker is able to see and hear what is occurring.

- Assign tasks with realistic goals.

- Assign tasks that will produce positive reinforcement and the development of self-worth.

- Acknowledge that the worker is an individual in his/her own right.

- Work with others within the job setting to familiarize everyone with the problems an orthopedically impaired person might experience.

- Use adaptive hardware to meet the very special physical needs of this group (e.g. for a poorly coordinated worker, an arm rest for the typist's hands might be used to prevent the worker from inadvertly striking keys, or if the work station puts tools or supplies out of reach, either provide a tool so that the person can gather in items or reorganize the tool and supply areas so that other physical accommodations willnot be necessary).

Mentally Retarded Workers

Definition

The definition accepted by the American Association of Mental Retardation is that mental retardation:

> refers to significantly subaverage intellectual functioning existing concurrently with the deficits in adaptive behavior, and manifested during the developmental period.

Thus, according to this definition, three criteria must be met. Subaverage intellectual functioning is usually determined by an intelligence test with a score falling more than two standard deviations below the mean. This index must be coupled with deficits in the rate of development of sensory-motor skills, self-help and communicative skills, academic achievement, socialization, and economic adjustment. The index and deficits must also manifest themselves during the first 18 years of life. This is the period during which potential is assessed and if these indices occur at this time, they serve to distinguish mental retardation from other disorders.

Classification

The most simple way to classify mental retardation is by educational potential.

1. Educable mentally retarded. Individuals within this category usually test-out at an IQ of 50-70. Physically, they appear normal for the most part and function intellectually at approximately one-half to three-fourths the normal functioning levels of other people. They can be expected to attain somewhere from a second to seventh grade level in adademics and can be trained to work at unskilled or semi-skilled jobs. The people within this category at the lower range of IQ may need special assistance to effectively adjust socially and economically.

2. Trainable mentally retarded. Individuals within this category have been tested with an IQ of 30-50 and function at an intellectual level of one-third to one-half the functioning level of other people. Many of these individuals will look physically different with respect to facial and/or physical characteristics. Many will have physical and/or sensory impairments. Most of these individuals can be trained for employment which requires single skills and where adequate supervision is provided. Most are capable of economic sufficiency expecially in a sheltered workshop setting.

3. Profoundly mentally retarded. These individuals function at an IQ level of below 30, these persons are most often completely dependent upon others for their existence. Very often they are placed into institutions very early in life.

Most recently, the care and treatment of these individuals has assumed a different thrust. Behavior modification and environmental stimulation techniques are being used to help these individuals develop a moderate amount of independence within highly supervised environments.

Causes

Mental retardation is a sympton which can be a result of quite an array of conditions, diseases, and medical pathologies. Many times, mild mental retardation is a result of an interplay of familial and social factors when heredity may set limits on mental capacity and potential while the environment determines to what extent this potential will be attained. Severe mental retardation can be traced to over 200 known causes. In any case, it is almost impossible to determine the exact cause of a given case of retardation. Causes of mild mental retardation:

1. Familial. A small percentage of each ethnic group falls at the lower end of the scale when considering distribution of intelligence quotients. Every ethnic group, including those from white backgrounds, is represented. This is an inheritability factor.

2. Neurological. In some cases, specific pathologic disease conditions may have caused damage to an individual's central nervous system thus resulting in mild levels of retardation.

3. Nutritional. Evidence exists that chronic malnutrition, whether in the mother or in the developing child, adversely affects mental performance. The lack of proper nutrients during critical times of brain-growth and development often results in retardation.

4. Environmental. In this case, the lack of sufficient environmental stimulation during infancy and early childhood prevents the child from progressing at a normal rate of intellectual development. Everyone needs sensory stimulation, perceptual experiences, adult language models, and many other experiences for cognitive growth and development. It has been established that the lack of these factors eventually leads to mild mental retardation.

Causes of Severe Mental Retardation

1. Prenatal. These causes can be genetic or environmental in nature. Genetically, the most common example is Down's Syndrome which is a chromosomal disorder in nature where incidence increases with increasing age of the mother. Other genetic conditions may result in inborn errors of metabolism where the infant's system is unable to metabolize certain chemicals thus causing the release of harmful chemicals and causing brain damage. This type of condition is also genetic -- it is based on recessive genes.

   For the environmental causes, there are hazards that can alter the inter-uterine environment of the fetus and cause fetal malformation. German measles, Asian influenza, blood group incompatability, alcohol, and ingested chemical agents are only a few examples of these hazards.

2. Perinatal Factors. These factors occur at delivery of the child. Prematurity, anoxia, lack of oxygen at birth, difficulty labor and forcepts delivery may leave the infant biologically vulnerable to postnatal hazards or result in brain damage for the infant.

3. Post-natal Causes. These causes occur after birth and can be linked to childhood diseases such as encephalitis or meningitis where prolonged high fevers during the first 24 months of life may cause brain damage. Other examples are a blow on the head, lead poisoning, asphyxia, or tumors. These can change mental development and result in severe mental retardation for a child.

Characteristics

Because the profoundly mentally retarded person will not be found within the employment system, an examination of the common characteristics of only the educable and trainable retarded person will be addressed. In Massachusetts, programs to move persons from intensive care state hospitals into community and family situations have made it essential for CETA and human services organizations and industry to deal regularly with mentally retarded persons. One might find a worker within these groups:

- Becoming easily distracted-constantly looking around the room.

- Easily forgetting things previously learned.

- Tripping over things, walking awkwardly.

- Not completing assignments.

- Displaying behaviors atypical of his/her chronological age.

- Acting impulsively or immaturely.

- Using short, incomplete sentences.

Suggestions for Working with Mentally Retarded Persons

- Make use of instructional materials designed for the slow learner.

- Modify your interview process to meet the needs of the slow learner.

- Remember that interest and motivation are critical issues in the learning process for this person -- try to involve him/her in the employment process from day one.

- Perform a task analysis which breaks each skill into it's component parts. When learning the job at hand assure that the person masters each sub-task before proceeding onto the next sub-task -- thus eliminating the possibility of the person feeling overwhelmed.

- Allow extra time to complete assigned work or task. If the task is taking too long to complete, then you may have to break it down into smaller components. Reinforce performance often.

- Overteach. Even if the worker seems to have mastered a skill/specific task, require the person to practice what was learned.

- Repeat instruction often. Do not assume that the person has mastered a task.

- Deal in concrete terms -- try to eliminate abstractions from instruction.

- Present job instructions in a well-organized manner.

- Repeatedly ask questions during the learning process to insure the person is keeping pace with you and other workers.

- Speak to this worker as though you were speaking to anyone else. Be careful not to "talk down" or treat this person as a small child.

Emotionally Disturbed Workers

Emotionally disturbed persons display a wide variety of behaviors. The persons with behavioral disturbance patterns which are less severe in nature, can be likened to a socially maladjusted person who might either withdraw or display overtly agressive behaviors.

The remainder of the persons within this category are severely disturbed and display behaviors much more severe and extended in duration.

Severely Emotionally Disturbed Persons

Definition

Persons within this diagnostic category display uncontrollable psychotic-like behavior that is out of touch with reality, often bizarre. Their behaviors are a way of life for them, and reflect the way they see the world.

Classification

Psychosis refers to a severe emotional disturbance and has been divided into the following three types by the practitioners:

1. Childhood schizophrenia -- a condition in which the child displays a high degree of isolation and an inability to relate to others very early in life (age one or two).

2. Infantile autism -- a condition very similar to childhood schizophrenia but one that is more severe in nature and is manifested by the child at birth.

3. Childhood symbiotic psychosis -- a condition which typically occurs in the two-to-five year age group where such children are unable to detach themselves from their mothers and achieve independence.

Causes

As with other diagnostic categories of handicapping, the causes of severe emotional disturbance can be derived as capacity and/or experience based.

With schizophrenia, the general consensus is that a definite inherited component is involved although heredity alone is not the cause. There is also an environmental component. These persons are pre-disposed to this condition but some environmental condition is required to activate it. Schizophrenia may also have a biological cause stemming from a lag in such things as pulse, sleeping patterns, and respiration. These represent a tendency toward the disorder which is activated by some psychological crisis. In the case of autism, the general consensus of its causes is mixed. Neurological impairment, not experience, has been

defined by some practitioners while others see these neurological factors as the primary cause with environmental factors as the critical determiner of behavior.

Characteristics

An individual within this diagnostic category may:

- Impose self-isolation
- Insist obsessively on preserving sameness (repetition of behaviors, sameness of environment)
- Be unable to relate to others
- Communicate poorly
- Demonstrate narrow interests
- Become easily frustrated
- Display bizarre behavior
- Frequently appear unhappy and depressed
- Be prone to angry outbursts
- Be overly self-critical
- Repeat what is said by others verbatim
- Act awkward -- display disorders of mobility
- Act repeatedly disruptive

Suggestions for Working with Emotionally Disturbed Persons

- Provide a socially supportive climate within the job environment (try not to critize the person when in the presence of peers).
- Clearly define specific behaviors and their consequences. Be consistent with your limits and responses.
- Minimize failure, maximize potential for successful experiences.
- Give feedback regularly concerning progress. Be especially alert for opportunities to praise this person.

Definition

Persons found within this category have difficulty processing input and output in the visual, auditory, motor, attending, and conceptual domains. They are not mentally retarded and usually do not possess other major handicapping conditions, nor do they have any impairment of the basic sensory organs. These are persons who perceive letters, numbers, or symbols in a disturbed fashion but have normal vision. If asked to copy the word "black" they might copy "balck" without being able to tell the difference between the two words. They might distort what they hear. For example, if asked whether "note" and "nope" are the same or different words, they may say they are the same.

Basically, these are the persons who manifest the disorder in one or more of the basic psychological processes of understanding or in using spoken or written language.

Classification

One of the ways of grouping these persons is according to the area of learning or the behaviors where the disability occurs. One such system involves general groups of learning disorders:

- Visual
- Auditory
- Motor
- Attending
- Conceptual

When examining language and motor problems, one has to ascertain if the problem occurs when the person is processing input, output, or both. With learning problems, one has to identify the problem as receptive (reading and comprehension or spoken and written and quantitive concepts) or expressive (writing, talking, and calculating), or mixed (reading, writing, understanding, and talking). Further, one can break the problems down into the auditory or visual mode of communication. Nonverbally, problems can occur in understanding (receptive) and using gestures (expressive).

Causes

A person who possesses a learning disability may have these difficulties as a result of many different circumstances. Neurological impairment which may involve head injuries, diseases after birth, and even unfavorable conditions related to the birth process can account for a great number of learning disabled workers. Maturational lag, a condition during which parts of the brain mature at different rates, can result in a person with an irregular pattern of skills and deficits.

Deprivation and inadequate instruction or environmental/experience based factors can also lead to a learning disability. A limited range of early experiences may have a serious detrimental effect on a person's later functioning level. Workers who have not had adequate perceptual-motor experiences often encounter difficulties in learning.

Finally, it has been suggested that emotional factors and limitations in the range and nature of experiences of classroom instruction may play a significant role in learning disabilities (LD).

But, whatever the cause of LD, the counselor is mainly concerned with remedying the problem as quickly and effectively as possible.

Characteristics of LD Persons

The most cited visual characteristics of persons with LD are the following:

- With the visual domain, the person :

  - Has difficulty discriminating between objects of different size, position in space, color, texture, and number of items;
  - Is clumsy, has coordination problems, often bangs into things;
  - Has limited attention span for visual tasks, seems easily distracted;
  - When reading, tends to skip words and even lines, chops off endings of words;
  - Cannot evaluate visual input;
  - Has difficulty with written instructions but can follow verbal instructions;

- Holds head very close to what is being read;
- Cannot distinguish between words that look alike, might repeat or omit words when reading, forgets things he/she has seen;
- Reads in a word-by-word fashion;
- Is unable to follow moving objects smoothly with eyes;
- Rubs eyes often; and
- Has difficulty gauging spacial relationships, written work is often messy.

For this person, a loss of interest and motivation can occur. The person works hard, often trying not to let the supervisor know about his/her problem, has difficulty succeeding, receives a minimal amount of rewards for what is often maximum effort and consequently becomes discouraged and loses interest and motivation.

- With the auditory domain, the worker:

- Speaks too loudly or too softly;
- Cannot distinguish between background noise and job-related sounds, is easily distracted by noise;
- Is unable to remember what is discussed;
- Has difficulty following simple oral instructions, misperceives what is being said (eg. when the supervisor says "take the map out of the desk," the worker might hear "take a nap on the desk");
- Appears straining to see what is being said;
- Is hyperactive and displays motor behavior which is not appropriate to the situation or task involved and is disruptive to the rest of the workers;
- Often cannot locate source of sound, and
- Displays difficulty in maintaining interest and attention during work periods.

- With motor domain, the person :

  - Is clumsy, trips, and bangs into things;
  - Often needs support when standing;
  - Has difficulties when drawing, writing, printing, copying and often finishes work last or late;
  - Is unable to plan organization of work on paper (e.g. may cramp writing into one corner of sheet);
  - Displays writting which is uneven, cramped, very small;
  - Has difficulty using large and small muscles in a coordinated smoothly conditioned fashion; and
  - Must work harder to accomplish the same amount of work as other persons (fatigue may set in after completing a task and the person may appear lazy when asked to complete subsequent tasks).

  Timed or high pressure assignments are difficult for this worker. Two dimensions are found operating: neatness and promptness. Many times the worker must sacrafice one dimension for the other. He either submits a sloppy piece of work on time or a neat piece of work which is not complete.

- With the attending domain, the person:

  - Has a great deal of difficulty focusing on a task and inhibiting inappropriate responses to internal (hunger, pain, etc.) and external (noise, light, etc.) stimuli;
  - Appears to be more interested in what is occurring around him/her than in getting work done;
  - Tends to respond to every noise (e.g. if a car door is closed outside, the person might quickly look at the window); and
  - Displays hyperactivity, moves around a great deal.

  A distinction must be made here between interest distractability and auditory, visual, etc. distractability. A person who is just not interested in the subject at hand and displays some of the above behaviors is quite different from the person who might be interested in the subject at hand and is unable to pay attention. The LD person with attending problems would be able to work if he/she could attend long enough.

- With the conceptual domain, the person:
  - Has difficulty putting thoughts and feelings into words;
  - When speaking, will often beat around the bush because is unable to think of words to describe things;
  - Can deal with concrete terms, unable to deal with abstractions (cannot use concepts relating to feelings and emotions);
  - Prefers working on non-verbal activities; and
  - Is unable to classify things verbally (e.g. if asked to name the pieces of furniture you might find in a living room, this worker would experience varying degrees of difficulty.

Suggestions for Working with LD Persons

- With problems in the visual domain, you may find it helpful to
  - Rely on describing how to do a job in addition to showing how to do a job when giving instructions;
  - Allow extra time for worker to finish job if necessary;
  - Explain job components orally, try not to use diagrams, pictures, etc;
- With problems in the auditory domain, you may find it helpful to:
  - Use maps, diagrams, drawings, etc. when giving job instructions;
  - Make sure you speak clearly;
  - Use simple grammatical structures and speak slowly;
  - Make sure person is paying attention when you are giving instructions -- a simple tap on the shoulder may accomplish this objective; and
  - If appropriate, in the work situation employ programmed instructions since this instructional technique does not require listening skills.

- With problems in the motor domain, you may find it helpful to:
  - For a job that requires writing or copying, use paper with lines spaced farther apart than normal;
  - Give the worker the option to dictate reports/letters rather than write them;
  - Allow an additional amount of time to complete a task when there is a great deal of writing or copying required; and
  - Try to accentuate clumsiness.
- With problems in the attending domain, you may find it helpful to:
  - Minimize any and all competing stimuli to the task at hand (consider rearranging environment if necessary);
  - Remove all unnecessary distracting materials;
  - If possible and appropriate, use cubicles as a working environment;
  - Assure that the worker is placed physically within the setting where there are the least amount of distractions between the worker and the information/work/processes being performed;
  - Eliminate all unnecessary noise (use ear plugs if the task doesnot require hearing);
  - If the internal distractor is hunger, assure that the worker receives something to eat at critical times;
  - Make sure the seating and work station arrangment is comfortable; and
  - Accentuate stimuli to which the worker is supposed to attend (e.g. increase lighting, use materials with high appeal, bright colors).
- With problems in the comceptual domain, you may find it helpful to:
  - Not use ambiguous words -- use concrete terms when giving job instructions or in the interview setting;

- Choose a level of communication with the person's ability level; and
- Use visual demonstrations, incorporate gestures with words when delivering job instructions.

EMPLOYMENT RELATED SERVICES FOR HANDICAPPED PERSONS

Franklin, Hampshire, Hampden Counties, Massachusetts

Spring 1980

Advocacy Agencies

AGENCY & ADDRESS	PHONE	CONTACT PERSON	HANDICAPS	SERVICES
Clark School 46 Round Hill Rd. Northampton, MA	584-3450	Ms. Irene Johnson Asst. Adm. Dr. George T. Pratt Adm.	Deaf preschool to 17 yrs.	academic schooling for deaf children oral communication and lip reading
Easter Seal Society 380 Union St. Springfield, MA	734-6434	Renee Wescott, Dir.	Physically Handicapped any age	physical and occupational therapy
Goodwill 285 Dorset St. Springfield, MA	788-6981	Jim Wagner, Rehab. Dir John Matthews Lou Bachetti, Pres.	Handicapped age 16 or older referred by MRC, School Systems-State Agency	Voc. oriented programs in community- training for jobs- assess interests, apptitudes, abilities for sheltered employment also-8 training programs expanding voc. evaluation work/personal adjustment psych-psyciat services job skills training

AGENCY & ADDRESS	PHONE	CONTACT PERSON	HANDICAPS	SERVICES
Hampshire Ed. Collaborative 58 Pleasant St. Northampton, MA	586-4590	local school system Peter Demers, Exec.Dir	recommended by school system 3-21 yrs.	provides assessment, program development, staff training, consultation and curriculum development to low incidence handicapped students
Mass. Assoc. for Blind 3 Locust St. Springfield, MA	734-7343	Cathy Surrett, Supervisor of Vol. Joan Walker, Soc.Worker	visual impairment (not limited to legal blindness)	pre-employment services to help person get or keep a job sell aids and devices at cost direct volunteer services evaluation telephone tape w/ news/ entertainment info.
Mass. Comm. for Blind 1200 Main St. Springfield, MA	781-1290	Ann E. O'Malley George T. Trelease Robert Dowling, Reg. Dir.	Legal Blindness	social services rehabilitation teaching voc. rehabilitation volunteer services
Riverside Industries 1 Cottage St. Easthampton	527-2711	Cynthia Jacques intake coordinator Ron Bittell	referred by Mental Health, MRC or DMH	sheltered workshops for developmentally disabled basic skills program teaches survival skills community residence constant care to moderate supervision

AGENCY & ADDRESS	PHONE	CONTACT PERSON	HANDICAPS	SERVICES
Stavros Foundation 691 Southeast St. Amherst, MA	256-0473 or 256-0474	Pat Kerrins, Adm. Maggie Shreve La Vae Allard, Op.Mngr	physical disability	enabling disabled people to transfer from sheltered environment to independent community living advocacy and referral peer-advocacy counseling (especially severely physically disabled)
United Cerebral Palsy 246 Park St. W. Springfield, MA	788-9695	Jerilyn Pasnick, Exec. Dir.	major physical disability Hampden, Hampshire, Franklin Counties	social & rec. - rehab sevices ind. living training job readiness attitudes management, interviewing- loan equipment transportation- technical assistance- check schools for 504 compliance
W. Mass. Coalition for Handicapped Affairs, Inc. 1176 Main St. Springfield, MA	774-2187 or 781-6900	Jonathan Spiegel,Pres. Robert Berwaldd Ruth Tourjee Jerilyn Pasnick Roger Cote Deborah Evans		provide information services about disability related issues in the Western part of state.

AGENCY & ADDRESS	PHONE	CONTACT PERSON	HANDICAPS	SERVICES
Western Mass. Family Health Services Stockbridge Rd. Amherst, MA	545-2563	Karen Bassett Linda Ross, Reg. Coord.	Children to age 21 w/ disability and their families.	handicapped children's clinics diagnostic, testing, treatment facilities, financial assistance for hearing aids
Public Service Agencies				
Dept. of Employment Security				
57 Mills St. Greenfield, MA	536-1967	Audrey Farnham, S.H.H.	totally employment related	counseling to relate aptitudes to vocational goal; testing (general apptitude Test Battery) to determine areas of interest (Interest Check-List); training facilities available (Hampden Dist. Reg. Skills Center Spfld.) by referral and to other supportive services. Work with M.R.C.
58 Pleasant St. Northampton, MA 01060	586-3116	Roger Sojka, Mgr. Jim White, S.H.H.		
1592 Main St. Springfield, MA 01103	785-1231	Phil Gould, S.H.H.		

AGENCY & ADDRESS	PHONE	CONTACT PERSON	HANDICAPS	SERVICES
U.S. Social Security Adm.				
302 High St. Holyoke, MA	534-7361	Alexandria Scmyt, Field Mgr.		supplemental security income pays cash benefits to blind and disabled people with limited resources.
49 Old South St. Northampton, MA 01060	586-2710	Robert Spaulding, Assit. Mgr. Daniel Moraski		
Mayor's Office for Handicapped Affairs 1176 Main St. Springfield, MA 01005	781-6900	Roger Cote Betsy Wolf		information referral informal job matching
Mass. Rehab.				
324 Main St. Greenfield, MA	774-2326	John Pniak, Area Off. Supervisor Michael Reeper, Staff Supervisor	when disability is an impairment to employment	provides vocational rehabilitation to individuals w/ physical, mental or emotional handicaps which interfere with his/her ability to work. diagnosis & evaluation counseling & guidance physical restoration training maintenance job placement housing/vehicle modification.
560 Dwight St. Holyoke, MA 01040	536-8200	Greg Divine Cheryl Karwoski		
Dist. Office 16 Fort St. Springfield, MA	736-7296	Ed O'Rourke, Area Super.		

AGENCY & ADDRESS	PHONE	CONTACT PERSON	HANDCAPS	SERVICES
Office for Handicapped Students Whitmore U-Mass Amherst, MA 01003	545-0892	Mr. James Durant, counselor Mr. Paul Appleby, coordinator Ms. Merle Ryan coordinator for deaf students	all	deaf- class interpreting special audio equipment mobility impaired- transportation special scheduling visually impaired- readers, tape recorders auxilary equipment for all categories.
Veterans Administration	REFERS TO Division of	Employment Security		

"GENERAL GUIDE FOR INTERVIEWING HANDICAPPED APPLICANTS"

LIST OF HANDICAPS AND CODES. Persons having any of the handicaps listed below--not including those in the miscellaneous category--are considered as handicapped and are to be reported as such.

UPPER EXTREMITIES
001 amputation or congenital absence at or above the wrist
002 amputation or congenital absence of thumb or three or more fingers on dominant hand
003 bilateral 001 or 002 or any combination
004 finger disability, any amputation, congenital absence, or disablement of thumb or fingers not included in 002
005 impairment of function of one hand and/or arm
006 impairment of function of both hands and/or arms

LOWER EXTREMITIES
020 congenital absence or amputation at or above metatarsophalangeal joint or one extremity
021 congenital absence or amputation at or above metatarsophalangeal joint of both extremities
022 amputation or congenital absence of less than five toes
023 impairment of function of one extremity
024 impairment of function of both extremities

TRUNK, SPINE, AND ABDOMINAL DEFECTS
040 hernia, inguinal or demoral
041 hernia, others of abdominal wall
042 spinal curvature or other spinal deformities
043 low back pains (lumbar or sacroiliac)
044 marie-strumpell's disease (rheumatoid arthritis of spine)
045 defects of ribs and sternum, including thoracoplasty
046 disk, slipped or herniated (uncorrected)
047 spinal fusions

VISION, HEARING, AND SPEECH
060 total blindness of one eye
061 blind as determined by appropriate public agency
062 defective vision including squint (not included in 063)
063 defects and diseases of eye, cataracts, detached retinas, retinitis pigmentosa, corneal scars, iritis, glaucoma, trachoma, chronic conjunctivitis, corneal ulcer
076 deaf--loss of functional hearing with or without speech ability
077 hard of hearing, loss of hearing of over 20-30 decibels or more but with functional hearing, with or without amplification
078 perforated eardrum, meniere's disease
079 speech impairments including loss of function, stuttering, harelip, and cleft palate

CARDIOVASCULAR
090 heart disease
091 diseases of the arteries, arterioscleroses, hypertension, aneurysm, high blood pressure, berger's disease, reynaud's disease

092 disease of the veins, varicose veins with ulcerations or swelling, phlebitis

RESPIRATORY EXCEPT ASTHMA
110 tuberculosis, lungs and larynx
111 bronchiectasis
112 pheumoconiosis including silicosis, anthracosis
113 chronic bronchitis

NEUROMUSCULAR (WIDESPREAD PARALYSIS OR MUSCLE DYSFUNCTIONS OF BRAIN OR SPINAL CORD ORIGIN)
130 cerebral palsy including spasticity, athetosis, rigidity, tremor, and ataxis
131 multiple sclerosis
132 paraplegia, hemiplegia, quadriglegia if not coded under 130
133 parkinson's disease, post-encephalitis conditions, widespread muscular dystrophies and atrophies
140 law offenders

NEUROPSYCHIATRIC
150 psychoneurosis including anxiety state, "compensation" neurosis
151 personality disorder
152 epilepsy
153 post-psychotic, after recovery from schizophrenia, manic-depressive, involuntional reaction
154 head injuries, residual effects
155 alcoholism
156 drug addiction

RETARDATION
160 mental retardation

SKIN, COSMETIC, AND ALLERGY CONDITIONS
170 skin diseases, involving large areas or exposed surfaces with extensive lesions
171 facial disfigurement
172 asthma
173 allergic dermatitis

GENERALIZED OR SYSTEMIC DISEASES (INCLUDING DISEASES OF THE BLOOD)
190 diabetes
191 arthritis, generalized except marie-strumpell's disease of spine
192 addison's disease, toxic goiter
193 nephritis (bright's disease)
194 malignant disease such as cancer, sarcoma, hodgkin's disease, leukemia
195 endocrine diseases such as simple goiter, giantism, dwarfism, midgetism, cretinism
196 diseases of the blood such as hemophilia, pernicious anemia
197 malaria
198 secondary anemia, filariasis

GASTROINTESTINAL
210 ulcer, stomach, or duodenum
211 colitis including diverticula
212 hemorrhoids, permanent colostomy

GENITOURINARY

220 urinary tract stones and infections

221 impairments peculiar to the male such as prostatism, varicocele, hydrocele

222 impairments peculiar to the female such as functional disorders, tumors, childbirth injuries

COUNSELING

Vocational counseling, as offered by the Employment Service, is the help given to applicants in learning about themselves -- their interests, aptitudes, values, and the like -- and in learning about the world of work, relating their qualifications to occupational requirements.

It is beyond the scope of this handbook to provide training in the methods of counseling. Rather, this section has two broad purposes:

- To familiarize ES staff, regardless of job title, with the role of the counselor in working with handicapped applicants.
- To indicate special considerations regarding handicapped applicants to which counselors (as well as other ES staff) must be sensitive.

This section, then, is not exclusively for counselors. Many of the approaches and principles addressed here are equally important for interviewers, employer relations representatives, and others who come into frequent contact with handicapped job-seekers.

ES counseling is directed to quality placement. The goal is to match applicants' abilities, potentialities, preferences, and needs with appropriate jobs. A handicapped applicant may need counseling not directly because of the handicap, but because of employment choice, change in vocation, or adjustment to a job. The presence of a handicap alone does not necessarily imply that the person needs counseling.

Indicated Need for Counseling

The areas in which vocational counseling are commonly needed are:

- Vocational choice. The applicant needs to decide on a vocational area, and the handicap may affect the choice. Perhaps the selected area is questionable because the applicant has either overrated or underrated himself,

or because he has selected a field which he cannot realistically expect to enter because of such factors as inadequate education or training, or lack of job opportunities.

- Vocational change. The applicant needs to change occupations, because of dissatisfaction, lack of success, lack of suitable job opportunities, or the effects of the handicap.

- Job adjustment. The applicant is in an apparently suitable field, but has faced difficulties in adjusting to the job. There may be problems of poor attitude, poor work habits, or conflicts with colleagues or supervisors. The applicant may also have problems compensating for, or adjusting to, the handicap, particularly if it was incurred recently.

In suggesting to applicants that they can benefit from counseling, it is important to explain why counseling can help prepare for a job. The suggestion should be positive; for example, "Since you are unhappy in your present occupation, I think you should discuss your situation with a counselor so that you can explore other areas before making any hasty decision." The way such suggestions are made can either cause resentment or gain the cooperation of the applicant.

The Counselor-Applicant Relationship

The counseling relationship -- *indeed, the whole relationship between the ES and the applicant* -- cannot be one in which professionals make people's life decisions for them. As with all applicants, handicapped workers need to participate fully in their own futures.

* *
*
* The applicant should be thoroughly involved *
* in every decision and in every step of the *
* placement process. *
*
*
* *

Counseling is a joint process -- two people working together to find solutions. If applicants perceive their relationship with ES as a partnership, rather than a situation where they are docilely led into unsatisfactory or unwelcome jobs, their placement is much more likely to be acceptable, and they are more likely to remain on the job.

Negative Reactions of Applicants

Applicants sometimes develop negative attitudes and reactions toward their handicaps. Such feelings may prevent them from finding or keeping jobs. The counselor should discuss negative attitudes with applicants, help them identify their causes, suggest methods of dealing with them, and determine whether applicants need special counseling from other agencies.

Some negative reactions to handicaps are:

Discouragement, lack of self-confidence. Often, a handicapped applicant has failed at a job or found it difficult to find one, and develops a poor self-image. The counselor may try to discover past tasks that the applicant feels good about or has been successful at doing. If the problem is serious, applicants may need to be placed in a temporary situation where they are likely to have a positive experience.

Overdependence on counselor. Occasionally, handicapped applicants, and particularly the severely handicapped, may come to depend on the ES staff not only for help in finding a job, but also for general advice and encouragement in managing everyday affairs. Some indications that applicants may become overdependent may be:

- They have been rejected or abandoned by their families or communities.
- They have difficulty in maintaining close friendships.
- They have lived a sheltered life, rarely experiencing the outside world without close supervision.
- They are unable or unwilling to make their own decisions without consulting parents or guardians.

One way of avoiding overdependence is to schedule visits only when there is a specific employment-related purpose or topic to consider. The applicant's own preferences and ideas should be continuously sought and used. If, after a few counseling sessions, it appears that the applicants cannot make their own decisions and need further guidance in managing their affairs, extensive counseling outside the ES may be required before placement can be considered.

Underestimation of Handicap. An applicant who refuses to accept a handicap may be more open to information resulting from tests and inventories than to the unsubstantiated evaluation of a counselor. With test results, the counselor can ease the applicant into looking at alternative occupations.

Fear, Anxiety, or Embarrassment. Applicants who have seldom or never worked, or who have been injured and must face a new situation with new people, are often anxious, just as non-handicapped individuals may be for other reasons. The counselor should focus on positive situations that the person has met, and perhaps offer strategies for handling frightening situations. The counselor should suggest where to go for help if particular problems arise.

Bitterness, Resentment. A natural reaction to a handicap is to wonder "why me?" or dwell on the unfairness of life. The counselor can point out that negative attitudes alienate employers, making them less responsive to applicants and less interested in employing them.

Lack of Motivation. This problem can be related to the applicant's inability to form meaningful and obtainable goals because of lack of direction, a feeling that barriers posed by the handicap are too great to overcome, or a history of having personal goals defined by overprotective parents or friends. Developing short-range, obtainable goals with applicants helps put unemployment difficulties into perspective; with a goal in mind, applicants can become motivated to help themselves.

Unawareness of Job Requirements or Good Work Habits. A counselor can give an applicant information on job requirements, but may need to spend more time if the job-seeker has never developed good work habits or does not have good job-seeking skills.

Counseling Severely Handicapped Applicants

Most severely handicapped applicants come to the Employment Service on referral from other agencies, particularly VR. Often, they have undergone training or other job preparation, and are now deemed employable. Not infrequently, they represent the more difficult cases of the referring agency, the "easier" ones having been placed directly by that agency.

Occasionally, though, severely handicapped individuals present themselves directly at the ES office without having been served by any other agency. As with other handicapped applicants, the ES must then determine whether they are:

- job-ready, and able to be placed without special service, or
- placeable with provision of special ES service, or
- placeable only with provision of service by another agency (probably VR)

Most often, severely handicapped individuals can benefit from VR services prior to placement, but determination needs to be made on a case-by-case basis. In general, a severely handicapped applicant needs VR service if:

- the applicant requires additional evaluation
- the handicap can be corrected or ameliorated by medication, prosthetic devices, therapy, or other remediation
- the applicant requires training or a special work situation (on-the-job training, sheltered workshop) before becoming competitively employable.

In addition to regular placement services, severely handicapped applicants are likely to need special counseling, individualized job development, and conscientious follow-up. If they have never worked, or have very limited work experience, the "world of work" may have to be explained in detail.

This should include:

- *Competition.* They will have to perform comparably with other employees to get and keep a job.
- *Employer-employee relationships.* They may not know that they can discuss work problems with the employer, and ask for help if they do not understand their duties. Too often, workers become discouraged and simply stop coming to work if they are having problems. Applicants should be instructed to discuss problems with their supervisors -- and to call their ES contact to talk about things that are troubling them on the job.
- *Working hours and requirements.* They should understand that they are expected to arrive at work on time, call in if sick, and abide by other rules of the employer, such as those relating to dress requirements, lunch hours, coffee breaks, etc.

- *Basis for wages.* They should be forewarned about payroll deductions; otherwise, they may think they are receiving less pay than agreed on.

Beyond these more-or-less "mechanical" considerations, there is often a lot of supportive counseling required to prepare severely handicapped applicants for work. To a much greater extent than with other applicants, the counselor often has to get personally involved in the job search for a severely handicapped person.

Counselors and other ES workers who have been successful in placing severely handicapped workers over the years frequently attribute their results to a combination of persistence and the development of a close working relationship with the applicant. Once the applicant and ES staff member learn to know and trust one another, it becomes easier to meet each problem as it arises, and work jointly to overcome obstacles to employment. The staff member who develops such a relationship, and who is a determined advocate for the job-seeker, communicates enthusiasm to the applicant, to prospective employers, and to other ES staff.

Often, it is necessary to probe for work-related constraints which may not be obvious: problems with public transportation, fear of humiliation, difficulties with over-protective family members or friends who discourage the applicant from seeking work. Applicants may be receiving disability or welfare payments and may be fearful of losing this income if they accept work. In such a case, the ES should determine the actual situation (some welfare and social security payments are reduced to offset earned income), and help applicants assess the probable impact of employment on their financial situation. While work is generally the preferable option for an individual motivated enough to seek out ES services, there are situations where the financial impact may be severe; for example, in the case of persons requiring expensive medical treatment which is covered by Medicaid benefits which will be lost if they leave the welfare rolls.

It can be frustrating to work week after week on placing these most challenging cases, with the problems of the applicant to be dealt with on the one hand, and the reluctance of the employer on the other. But, as the experience of Employment Services across the nation attests, it can be done. There is no category of handicap in which successful placements have not been effected. And there is certainly a strong measure of satisfaction in succeeding with these toughest-of-all applicants.

Service Agencies, Advocacy Groups, and other Resources

For Individuals with Disabilities

The following is a list of National and State agencies/organizations servicing this group of individuals. Contact the state or federal office for the regional and/or area offices.

Service Agencies

Adult Rehabilitation Services
1176 River St.
Hyde Park, MA 02136

American Association on Mental Deficiency
5201 Connecticut Avenue, NW
Washington, D.C. 20015

American Foundation for the Blind, Inc.
15 W. 16th St.
New York, New York 10011

American Speech and Hearing Association
9030 Old Georgetown Road
Bethesda, Maryland 20014

Architecutural and Transportation
Barriers Compliance Board
Washington, D.C.
(for compliance about an inaccessible building)

The Arthritis Foundation
1212 Avenue of the Americas
New York, New York 10036

Braille Institute of America, Inc.
741 N. Vermont Ave.
Los Angelos, California 90029

Bureau of Education for the Handicapped
Office of Education
7th and D. Street, S.W.
Washington, D.C. 20202

Columbia University
Research and Demonstration Center for Education of Handicapped Children and Youth
525 West 120th St.
New York, New York 10027

Commission for the Blind
110 Fremont St.
Boston, MA 02108

The Council for Exceptional Children
1920 Association Drive
Reston, Virginia 22091

Division for the Blind and Physically Handicapped
Library of Congress
1291 Taylor St. N.W.
Washington, D.C. 20542

HANDICAPPED
Department of Health, Education, and Welfare
Washington, D.C. 20201

Health Care Financing Association
Department of Health, Education, and Welfare
Washington, D.C. 20201

Hope Center for the Blind and Visually Disabled
718 State St.
Springfield, MA 01109

Howe Press of Perkins School for the Blind
175 N. Beacon St.
Watertown, MA 02172

Mainstream, Inc.
1156 15th St., N.W.
Washington, D.C. 20005

Massachusetts Rehabilitation Commission
Statler Office Building
20 Providence Street
Boston, MA 02116

National Association of Sheltered Workshops and Homebound Programs
1522 K. Street, NW
Washington, D.C. 20005

National Center for Barrier-Free Environment
7315 Wisconsin Avenue, NW
Washington, D.C. 20014

National Easter Seal Society for Crippled Children and Adults
2023 Ogden Avenue
Chicago, Illinois 60612

National Institute for Rehabilitation Engineering
Pompton Lakes, New Jersey 07442

Office of Civil Rights
Region I
140 Federal St., 14th Floor
Boston, MA 02110
(for complaints when you feel someone's rights have been violated because of a disability)

Office of Human Development Services
Department of Health, Education, and Welfare
Washington, D.C. 20201
(administers vocational and other rehabilitation programs of the Rehabilitation Services Administration and programs for older Americans)

President's Committee on Employment of the Handicapped
1111 20th St., NW.
Washington, D.C. 20201

Public Health Service
Department of Health, Education, and Welfare
Washington, D.C. 20852
(administers services to disabled children, also research staff training and service grants under the Alcohol, Drug Abuse, and Mental Health Administration)

Regional Instructional Materials Center for Handicapped Children and Youth
213 Erickson Hall
East Lansing, Michigan 48823

Sister Kenney Institute
1800 Chicago Avenue
Minneapolis, Minnesota 55404

Special Education IMC/RMC Network
Department of Special Education
933 High Street
Worthingon, Ohio 43085

Social Security Administration
Department of Health, Education, and Welfare
Baltimore, Maryland 21235
(administers retirement, survivors and disability insurance benefits; supplemental security income for aged, blind, and disabled persons; and aid to families with dependent children)

United Cerebral Palsy Association, Inc.
321 West 44 Street
New York, New York 10036

United Epilipsy Association, Inc.
111 West 57th Street
New York, New York 10019

United States Office of Education
Bureau of Education for Handicapped
400 Maryland Avenue, SW
Donahoe Building
Washington, D.C. 20202

University of Minnesota
Research and Development Center in Education of Handicapped Children
Pattee Hall
Minneapolis, Minnesota 55455

University of Northern Colorado
Rocky Mountain Special Education Instructional Materials Center
Greeley, Colorado 80631

Veteran's and Handicapped Division
Office of Federal Contract Compliance Programs
Department of Labor
Washington, D.C. 20210
(for compliance against Federal Contractors or sub-contractors when you feel someone has been discriminated against because of a disability)

Vocational Rehabilitation Administration
Department of Health, Education, and Welfare
Washington, D.C. 20201

Books, Handbooks, Pamphlets, Articles

"Affirmative Action to Employ Handicapped People: TThe President's Committee on Employment of the Handicapped, Washington, D.C. 20210
(A pocket guide to the regulations of the affirmative action requirements of Section 503 of the Rehabilitation Act of 1973.)

Assistive Devices for the Handicapped. Minneapolis: American Rehabilitation Foundation, Kenney Rehavilitation Institute.

Barriers to the Handicapped. Journal of the American Medical Association April 20, 1970, p.212.

Canada, National Research Council, Associate Committee on the National Building Code Building Standards for the Handicapped, Canada, Ottawa 1965.

Committee for the Handicapped, People-to-People Program. Directory of Organizations Interested in the Handicapped (1146 16th Street, N.W. Washington, D.C. 20036))

Human Resources Center, Exploratory and Evaluative Research in the Vocational Adjustment of the Handicapped. Albertson, New York, 1970.

Department of Employment Security. Employment Services Handbook: Placing Handicapped Applicants: An Employment Service Handbook. Department of Labor, 1976. (new edition Fall 1980)

Employment of the Handicapped. Supervisor's Training Participant's Handbook MRC, 296 Boylston St., Boston 02116

Goldsmith, Slewyn. Designing for the Disabled. 2nd ed., New York: McGraw-Hill, 1967.

Hiring the Handicapped: Facts and Myths. Alliance of American Insurers in cooperation with the President's Committee on Employment of the Handicapped. Out of Print.

Job Opportunities for the Handicapped. Reprint for AFL-CIO American Federalist, The Journal of American Labor, April 1977.

Jeffrey, D. A Living Environment for the Physically Disabled. Chicago: National Easter Seal Society. (Reprint =A-238).

Kuman, V., Handicapped Persons in Wisconsin's Vocational, Technical, and Adult Education Districts: Assessment of Educational Techniques and Identification of Barriers. Madison: University of Wisconsin, Wisconsin Vocational Studies Center, 1977, 89 pp.

McCarthy, Henry and Smart Lava. Affirmative Action in Action. Strategies for Enhancing Employment Prospects for Qualified Handicapped Individuals. Albertson: Research and Utilization Institute. National Center on Employment of the Handicapped of Human Resources Center, Albertson, New York 1979.

Department of Health, Education and Welfare. Nondiscrimination on Basis of Handicap-Programs and Activities Receiving or Benefiting from Federal Financial Assistance. Washington, D.C. Office of the Federal Registrar, Bol. 42, no. 86, May 4, 1977.

Cleo Living Aids Catalog, 3957 Mayfield Road, Cleveland, Ohio 44121

Fred Sammons. "Be O.K." Self-Help Aids Catalog, Box 32, Brookfield, Illinois 60513.

Employment of the Handicapped Personnel Officer's Training Participants Handbook, MRC, 296 Boulston St., Boston, MA 02116

J.A. Preston Corporation Catalog, 71 Fifth Avenue, New York, New York 10003.

Rehabilitation Equipment, Inc. Catalog, 175 E. 83rd Street, New York, New York

Scully Walton Catalog, 505 E. 116th Street, New York, New York 10029.

Shalik's Rehabilitation Aids Catalog, Box 612, Tamiami Station, Miami, FL 33114

Trujill Industries Catalog, Box 217, San Clemente, California 92672.

Velcro Products Catalog, 160 Gilbert Street, Fullerton, California 92633.

Wolf, Joe. Disability is No Handicap for do Pont. Reprint from The Albany Review Winter 1973-74.

Yuker, Harold, E., and Block, J. Rich[illegible] Challenging Barriers to Change-Attitudes Toward the Disabled. Alb[illegible]son: National Center in Employment of the Handicapped at Human Resources Center, Albertson, N.Y. 1979.

Films

A Different Approach, Massachusetts Rehabilitation Commission, Boston, MA Addresses the issue of attitudes toward individuals with disabilities and depicts disabled workers functioning successfuly within the work environment. Exceptionally good film.

Architectural Barriers: Sound the Trumpets Governor's Committee on Employment of the Handicapped from the President's Committee on Employment of the Handicapped. Washington, D.C. 20420

Everyday Champions. Michigan Bell Audiovisual Department, 1365 Cass Avenue, Room 1900, Detroit, Michigan, 48226. Depicts role models for severely disabled workers fundtioning successfully within the work environment.

The Community and the Exceptional Child (C2306) 30 min. b & w--Indiana University 1957. Examines the varied types of exceptional children andd how various community agencies can meet their needs.

In the Mainstream (BC3783) 14 min.--Philip Scheffler: CBS, Carousel, 1979. Examines ramifications fo P.L. 94-142 for teachers, lawmakers and parents.

Individual Differences Introduction (C2297) 29 min, b & w--Indiana University, 1957. Examines individual defferences in children anddthe problems associated with these differences.

Revolution in Relevance (BC 2688) 19 min, c.--Parthenon: Datafilms, 1972. Depicts three learners who have experienced successful vocational education programs tailored to their needs.